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THE MEDICAL ERA

A MONTHLY JOURNAL

DEVOTED TO HOMŒOPATHY

AND THE ALLIED SCIENCES

CH. GATCHELL, M. D.,
D. A. McLACHLAN, M. D.,
EDITORS

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THE MEDICAL ERA

COMBINED WITH THE MEDICAL COUNSELOR. DEVOTED TO HOMŒOPATHY AND THE ALLIED SCIENCES.

VOL. VIII. CHICAGO, JANUARY, 1890. No. 1.

EDITORS:
CH. GATCHELL, M.D.,
D. A. McLACHLAN, M.D.

This Association shall be styled the AMERICAN INSTITUTE OF HOMŒOPATHY *and its object the improvement of homœopathic therapeutics and all other departments of medical science.— Constitution, Article I.*

1890.

THE MEDICAL ERA believes that the homœopathic school of medicine is approaching a crisis in its history. It believes that the very small faction, headed by DR. EGBERT GUERNSEY, that is endeavoring to deliver the homœopathic school into the hands of the allopaths, has created a schism—small though it be—which is calculated to do harm, unless a prompt remedy be applied. It believes in applying the necessary remedy, and it believes in doing so vigorously.

It believes DR. T. F. ALLEN'S definition of a homœopathic physician* to be correct. This is right so far as it goes; but it does not go far enough. There are different species of homœopaths—the loyal and the disloyal. THE MEDICAL ERA believes that the first thing to insist upon is *loyalty*.

Throughout the coming year, among the many things in medical science and in medical politics of interest to the profession, this matter will receive conspicuous attention.

Not only in this, but in all things, we still insist that others may follow, but the ERA will lead.

This is the announcement of THE MEDICAL ERA for the year 1890.

* "One who believes that homœopathy affords the best means of curing the sick."

THE MEDICAL ERA COMBINED WITH THE MEDICAL COUNSELOR.

No medical journal in the United States has rendered truer or better service to the cause of homœopathy than has the *Medical Counselor*, under the charge of its able editor, DR. D. A. MCLACHLAN. It has had a long and useful career. Nor is that career ended. The combined journals, the ERA and the COUNSELOR in one, will now occupy the fields formerly held by the two separately, and together will they labor in the common cause. The former readers of the ERA will now be asked to welcome the COUNSELOR, and the COUNSELOR'S readers are asked to give heed to the ERA. We trust that the new arrangement, which, for obvious reasons, seems best, may prove to be as satisfactory to the readers as it is to the editors.

THE CRISIS IN NEW YORK.

December twelfth, at a regular meeting of the Homœopathic Medical Society of the County of New York, a resolution was passed petitioning the Board of Commissioners of Charities and Correction to dissolve the present Medical Board of Ward's Island Homœopathic Hospital, and make re-appointments from certain members of the Society whose names were given.

The Board referred the resolution back to the Society, asking that the members voting for and against it be polled, in order that it might appear how many favored it. December eighteenth, at a called meeting, the original resolution was indorsed by a vote of sixty-three to six. A special committee, consisting of DRS. WM. TOD HELMUTH, LEWIS HALLOCK, J. MCE. WETMORE, J. M. SCHLEY, and GEO. M. DILLOW, was appointed to present the resolution to the Board.

Dr. J. M. Schley, as chairman of the Committee on Public Institutions, submitted to the Board the following questions:

(1) If the Commissioners intended that the Medical Board of the hospital should be composed exclusively of homœopathic physicians? (2) what was their criterion of judging if a physician were homœopathic? (3) if membership in the Homœopathic Medical Society of the county were that criterion? (4) if a physician who does not comply with the law of the State is eligible? and (5) if the Commissioners intend that a physician who has left the Homœopathic Medical Society should continue a member of the Board?

Accompanying these questions was a statement setting forth the reasons why Dr. Egbert Guernsey, Dr. Alfred K. Hills and certain others could not be considered to be representative homœopaths, and, consequently, should not maintain their positions on the Board of a homœopathic hospital.

The Board of Commissioners referred the whole matter to the president of the Medical Board of Ward's Island Homœopathic Hospital —who happens to be Dr. Egbert Guernsey— who made a long reply in which he evaded the main question, raised false issues, and imputed motives of personal prejudice.

For the present, the case rests here.

The situation may be thus stated:

The homœopaths of New York City, as represented by their County Society, stand as sponsors for the Hospital in question.

Dr. Egbert Guernsey, and several other members of the Hospital Board, are not true homœopaths.

The County Society cannot afford to remain responsible for an institution which is controlled by men who are not loyal to the cause which the Society represents.

In order to relieve itself of this position of responsibility without representation, the Society takes action.

The Society should not rest until it has done one of two things: either obtain medical control of the Hospital in the interests of homœopathy; or, renounce all responsibility for the conduct of the institution, and let it pass at once into the hands of the allopaths, as it has slowly been doing for several years past.

There is no other safe course to pursue.

TWO HOMŒOPATHS ARRESTED FOR NON-COMPLIANCE WITH AN ARBITRARY LAW.

The contest has begun. Alabama is now the scene of the strife.

In Mobile, two homœopathic physicians have been arrested for declining to comply with the provisions of a law which requires that they shall, before entering upon the practice of medicine, submit to an examination by a committee of an allopathic medical society.

Dr. Geo. G. Lyon and Dr. A. P. Myers, who have shown so much spirit in this matter, should receive the active support of the entire profession. They have entered upon a contest to maintain a right which should be insisted upon by every regularly graduated homœopathic physician in the United States—the right to practice medicine without being compelled to submit to an examination by a board of allopaths.

The "Act to Regulate the Practice of Medicine in the State of Alabama" prescribes that any violation of its provisions shall render the party guilty of misdemeanor, and the penalty shall be a fine of one hundred dollars, in default of which he shall be imprisoned in the county jail for not more than one year. It is this law under which Drs. Lyon and Myers have been arrested. They have furnished bail, and now propose to contest the matter in the courts, carrying it, if necessary, to the Supreme Court of the United States.

Will the profession permit them to do this unaided?

AN APPEAL.

I will be one of one hundred physicians to give one hundred dollars each; or, one of two hundred to give fifty dollars each; or, one of four hundred to give twenty-five dollars each, to provide a fund to be used to employ the best legal counsel to protect the rights of our school in any state in which they may be assailed.—*Dr. John H. Henry.*

When money is needed for the prosecution of such cases, the profession should contribute liberally. All should share in the burden, as all will share in the benefits. Drs. Lyon and Myers should not be asked alone to bear the expense of vindicating our cause in Alabama, for its results will be shared by the entire profession.

Alabama offers a good example of the single-board system, and we ask the profession to contemplate the situation there presented. If our school should listen to the counsels of the *Guernseyites*, or should adopt the policy favored by DR. DAKE, they may now see what the result would be.

It is well enough to look at the matter in the light of common sense, and to realize that it is a condition, and not a theory, that confronts us.

THE MEDICAL ERA hereby invites its readers to send an expression of opinion on the subject, for publication, in order that the sentiment of the rank and file of the profession may be made known.

Let us hear at once from every loyal homœopathic physician.

WHO IS A HOMŒOPATH?

DR. EGBERT GUERNSEY has evaded the question, and raised a false issue.

The question is not how much homœopathy one man practices, or to what extent another employs allopathic measures. The real issue is:—

Should a man who is not a homœopath retain his position in a homœopathic hospital, for the medical conduct of which the homœopathic school will be held responsible?

There can be but one answer to this question.

It then remains to inquire, Is DR. GUERNSEY a homœopath?

There can be but one answer to *this* question.

He is not a homœopath—

Because he has renounced the name, in all its applications.

Because he has stricken the name from the only place under his control which it formerly occupied.

Because he has labored to defeat legislation in the interest of homœopathy.

Because he used his influence to prevent the endowment of a homœopathic college.

Because he says that he is not a "homœopath"—and he ought to know!

If such a man is a "homœopath," then what are the rest of us?

THE TREATMENT OF CARCINOMA.

In this issue of THE MEDICAL ERA we present our readers with a paper on the treatment of mammary cancer. In THE MEDICAL ERA of May, 1889, we published the first article by Dr. J. S. MITCHELL on a new method of treating carcinoma, and made this editorial remark: "If this method sustains the universal test, as we have no doubt it will, it will redound greatly to the benefit of homœopathy, as well as to the credit of its originator."

The *New England Medical Gazette*, in its June number, commenting editorially on DR MITCHELL'S paper, says:

"A new treatment of carcinoma, new, at least, so far as the method is concerned—and in this direction alone its author modestly claims originality—is set forth at length and in detail in a profoundly interesting paper published in the May issue of our much esteemed contemporary, THE MEDICAL ERA. The paper is not only of the highest value and interest as far as the subject-matter goes, but is written with an honesty and a modesty which are exceptional and refreshing, and reports every case of failure side by side with every case of success, openly and candidly, as one desiring the truth far above any worship, theory or personal glory. Such work so chronicled must rejoice the heart of every unselfish worker."

The *North American Journal of Homœopathy* says:

"The remarkable results obtained by Dr. Mitchell, of Chicago, in the treatment of carcinoma deserve conspicuous mention. Were it not for the well-known honesty and competency of Dr. Mitchell, such extraordinary results might be doubted. Some of his diagnoses were fully confirmed by microscopic examinations, illustrations of sections notably sustaining them. The treatment is simple, and no doubt a multitude of observations will be recorded, so that in a few years the exact value of the method employed will be fully defined."

DR. W. DANFORTH, of Milwaukee, in an address delivered before the Homœopathic Medical Society of Wisconsin, at its twenty-fifth annual session, says:

"I shall call your attention only to some of the more important advances since our last meeting. First, and notably, is Dr. J. S. Mitchell's new method of treating open ulcerating cancer. I have watched his treatment with intense interest, visited Chicago, seen the Doctor's patients with him, learned his method, and noted the improvement wrought, until I am convinced that for the first time since the days of Hippocrates we can cure cancer, and that, too, without the knife. Dr. Mitchell has discovered that with a few simple homœopathic triturations properly used cancer yields up its deadly fangs. The world must now pause and pay its tribute to homœopathy, for the new school has by this discovery conferred a greater blessing upon mankind than can be found in the combined work of the surgeons of a hundred years in this department of practice."

DR. H. TAYLOR, of Concord, Mass., writes Dr. MITCHELL:

"I read your article on carcinoma in the May number of The Medical Era. At that time a cancer of the lower lip made its appearance in my own person. Two older brothers had them before me; one died after operation, the other still lives after extirpation. I submitted my case to a regular physician here who pronounced it cancer, and also to Dr. Packard, of our homœopathic hospital, who, with others at the hospital, confirmed his opinion. I made an appointment for operation September 1st. Commencing your treatment the formation began to break down and crumble away gradually until nothing was left but an abrasion, which was healed with hamamelis tincture. If cancer of the surface can be cured by your discovery it will be one of the greatest blessings of the century, and your memory will never be forgotten by those who recover."

Dr. Moses T. Runnels, of Kansas City, Secretary of the Missouri Institute of Homœopathy, states in a letter received October 3d that "many physicians in Missouri and Kansas are verifying your statements made in the May Era."

Dr. O. S. Runnels, of Indianapolis, reports the cure of a case of scirrhus in a man over seventy years of age. The tumor was the size of a large olive doubled, situated upon the line of the vertebræ, between the scapulæ. It had been twice operated upon, and was rapidly becoming worse. In about four weeks it was entirely removed under arsenicum trituration, and has shown no sign of recurrence after three months.

Dr. Henry Sherry, late surgeon at the Cook County Hospital, details a case of epithelioma of the lower jaw in which, after extensive operation, healing by first intention being impossible, he employed Mitchell's method with successful results, and adds that it was one of a class which his former experience had led him to consider as hopeless.

We hear incidentally of many confirmations of the value of this method of treatment, but deem it best to refer only to those concerning which we have indubitable evidence.

INFLUENZA EUROPÆA.

All Europe is sneezing and coughing. *La grippe* is the reigning monarch.

It was first heard of in St. Petersburg, though it probably started in the far East. Like a silent wave it has overspread Europe, and already has made its presence felt in America.

It is, without doubt, due to a specific virus, which is conveyed through the medium of the atmosphere. But, in years past, when such suppositions were not so plausible, the Italians gave it its present name, because they ascribed it to the influence (*influenza*) of the stars. From the tenth century, when the first creditable accounts appear, it has made periodical visits. It is both endemic and epidemic. At the present writing the stories of its ravages in Europe indicate a growing severity and an increasing number of victims. If it becomes as virulent in America as it now is across the sea, there is in store for the people much suffering, and for the physicians much business.

How shall it be treated? For a homœopath this is a question which answers itself. He has his fixed principle, and has his materia medica. For an empiric, it depends upon what the "authorities" say. In Paris, there are three drugs which are being pressed into service. These are: (1) quinine; (2) quinine; (3) quinine. Antipyrin, as might be expected, comes in to re-enforce the ancient anti-periodic. Why they prescribe the one or the other, is past finding out.

When about to treat a case the homœopath will ask, What are the symptoms? The empiric will ask, How is Bartholow treating it?

MEDICAL ERA APHORISMS.

Diagnosis is often difficult; prognosis is often uncertain.

In disease, the greater the violence the shorter the duration.

Disease, like a shrewd enemy, always attacks the weakest point.

Curable diseases kill only when the attack is of extreme violence.

The more numerous the causes of disease, the harder it is to classify them.

A disease which does not grow worse soon after its onset, is seldom grave.

Diseases which appear suddenly are less profound than those which have a long prodromal stage.

In order to become acquainted with a disease, as with a river, it is necessary to go to its source.

The interdependence of organs in health makes them sympathize with each other in disease.

Incurable diseases seldom show periods of improvement; a disease which shows improvement, is curable.

When our predictions do not come to pass, it is not due to an aberration of nature, but to an error of judgment.

XXIV.

THE DOCTOR TALKS.

"People may say what they please," said the Doctor, "of the way in which the allopaths are appropriating all that's good in homœopathy, and of the growing prospect that we shall soon be left with nothing but the odor and the name, but I defy them to produce the evidence. I don't believe it. The matter has been grossly exaggerated. One swallow does not make a summer, and the allopaths have as yet had but one swallow of homœopathy, while summer is still a long way off.

"Several years ago I shared, somewhat, in the prevailing opinion, but I have had reason to modify my views very materially. Phillips', Ringers', Brunton's and Bartholow's books, because they contain so much homœopathy, were, in the first instance, responsible for the creation of the impression. But the homœopathy has all remained in the books. The profession has not adopted it in practice."

*
* *

"I can produce an abundance of evidence in support of what I say," said the Doctor, reaching across the table at his side and taking up a newspaper. "Here is a copy of the New York *World*, in which is an account of the exploits of a girl-reporter who went about among the doctors, getting prescriptions for a headache. And this is what she received:

Dr. Moses Allen Starr made these two prescriptions—

No. 1.

Reduced iron, 1 dram.
Extract of nux vomica, 6 grains.
Arsenious acid, ½ grain.
Extract of gentian sufficient to make a mass to be divided into 30 capsules.
One three times a day after eating.

No. 2.

Phenacetine, 3 grains.
To be divided into two powders, one to be repeated every hour.

Dr. Andrew H. Smith gave—

Exalgine, 50 grains.
Elixir cinchona bark, 2 ounces.
Take two teaspoonfuls in a wine glass of water after breakfast and dinner.

Dr. Willy Meyer gave—

Extract of digitalis, 5 decigrammes.
Extract of nux vomica, 4 decigrammes.
Arsenious acid, 3 centigrammes.
Bi-sulphate of quinine, 2 grammes.
Make into twenty pills; take one pill four times a day as directed.

—

Dilute muriatic acid, 5 grammes.
Take eight drops in half a glass of water after the pill.

—

Phenacetine, 5 decigrammes.
Dispense ten such powders in a gelatine capsule.
One capsule twice a day.

Dr. Francis Delafield gave—

Iodide of potash, 1 dram.
Sulphate of magnesia, 2 ounces.
Divide in 16 powders.

Dr. Grace Peckham gave—

No. 1.

Blaud's pills (No. 4), 3 grains.
Take one pill after meals.

No. 2.

Bromide of potash, 3 drams.
Water enough to dissolve above.
Compound tincture of cinchona, 3 ounces.
Take in teaspoonful of water before meals.

Dr. S. J. McNutt gave—

No. 1.

Tincture of nux vomica, 2 drams.
Dilute muriatic acid, 2 drams.
Syrup of ginger, 4 drams.
Dilute phosphoric acid, 4 drams.
Water of Gaultheria to make 4 ounces.
One teaspoonful to a tablespoonful of water after eating.

No. 2.

Compound cathartic pills, No. 5.
Directions: Two to-night.
Phenacetine, ½ dram.
Make 6 capsules.
Directions: One at time of headache; repeat in half an hour if pain continues.

*
* *

"Now look at it: Here was a young lady who, according to her own account, had never had a day's sickness in her life, who was otherwise in perfect health, who complained of nothing but a headache. At the present moment she is on a race around the world to see if she can beat the record of Jules Verne's famous hero. And this girl, because, several weeks ago, she complained of a headache, was to be dosed by a half-dozen of New York's most eminent allopathic physicians with a lot of stuff that, if taken, would have made her so sick that she would not now be engaged in a twenty-five thousand mile race.

"Let us see," said the Doctor, taking up a pencil and drawing toward him a large sheet of paper; "let us see how many different things were prescribed for this one little headache."

After a few moments' writing he handed me the sheet and asked me to read it. I read:

Iron;	Exalgine;
Digitalis;	Arsenious acid;
Quinine;	Muriatic acid;
Cinchona;	Phosphoric acid;
Ginger;	Bromide of potash;
Nux vomica;	Iodide of potash;
Phenacetine;	Magnesia phos.;

"Blaud's pills," and compound cathartic pills.

"Yes," added the Doctor; "all that for a headache in a girl who never took a dose of it, but immediately started off to circumnavigate the globe in less than eighty days."

"Now, right in this line, comes another mass of evidence. A very clever doctor out in California spent some time and about forty dollars in money in an experiment to ascertain how regular the "regulars" are in their methods of practice, and to contrast their methods with those of the despised homœopaths. As one part of his experiment, he wrote to ten prominent allopaths, calling for prescriptions for what he described as being a case of indigestion attended by a certain set of symptoms, which he gave in full. And here are the prescriptions which were sent him:

"Dr. Henry I. Bowditch, of Boston, prescribed—

℞ Harrison's peristaltic lozenges.

"Dr. John E. Darby, of Cleveland, prescribed—

(1) ℞. Tr. Cinchona Co.
Tr. Gentian Co. aa. ʒjss.
Ac. hydrochlor. dil.
Syrup simp. aa ʒjv.

(2) ℞ Pepsin ʒij.
Bismuth subnit ʒiij.
M. ft. Chart. No. xxiv.

(3) ℞ Pulv. Glycyrrh. Co. ʒiij.
Sig Take a teaspoonful at bed time.

(4) ℞ Aloe socotrine ʒj.
Podophyllin gr. x.
Ipecacuanha pulv. gr. x.
Ext. Nux vom. gr. viij.
Ext. Hyoscyami gr. xv.
Ext. Colocynth gr. xxx.

"Dr. Charles T. Parkes, of Chicago, prescribed—

(1) ℞ Tr. Nux vom.
Ac. Muriatic dil. aa ʒij.
Tr. Cinchona Co. ʒj.
Syrup aurantii ʒjss.

(2) ℞ Lady Webster's Dinner Pill.

"Dr. Austin Flint, of New York, prescribed—

℞ Salicin ʒj.

"Dr. Wm. R. Chiness, of Sacramento, prescribed—

(1) ℞ Quin. sulph. ʒj.
Aloin gr. ij.
Ext. Hyoscyamus q. s.

(2) ℞ Lactopeptine ʒiv.
Acid hydrochloric ʒj.
Syrup aurantii ʒj.
Aqua cinnamon, ad. ʒiv.

"Dr. W. F. McNutt, of San Francisco, prescribed—

℞ Strychnia sulph. gr. j.
Quinine sulph. ʒi.
Pil. Rhei Co. gr. xv.
Podophyllin gr. j.

"Dr. S. O. L. Potter, of San Francisco, prescribed—

(1) ℞ Potassii cit. pulv. ʒij.
(2) ℞ Sodii phos. pulv. ʒij.

"Dr. Jas. T. Whitaker, of Cincinnati, prescribed—

℞ Dilute hydrochl. ac. ʒj."

"What a sweet mess is here!" exclaimed the Doctor. "All these various prescriptions were made for a simple case of dyspepsia. All the prescribers had precisely the same enumeration of symptoms to guide them, and yet no two agree in their prescriptions!

"Now, look at the thing again. In the cases of 'Nellie Bly,' and of Dr. Chapman, as printed in the *Advance*, here are twenty-four different prescriptions, made by fourteen different allopathic physicians, with *not a single one* of them made on the principle of *similia*, or in accordance with the methods of homœopathy! Not one! And yet we are asked to believe that the so-called, self-styled 'regulars' are absorbing 'all that's good' of homœopathy!

"I deny it!"

* * *

"Because Piffard, of New York, and Aulde, of Philadelphia, stumble upon the homœopathic use of the sulphide of calcium and of rhus toxicodendron, a great cry goes up that the allopaths are fast absorbing homœopathy!

"But the latter statement is not true. I have noticed that the members of the allopathic profession at large leave the 'discoverers' in undisputed possession of their 'discoveries.' How many allopaths to-day are using the sulphide of calcium regularly and systematically, according to the lead of Piffard? Very few, I can tell you!"

* * *

"A little more than a year ago these same allopaths 'discovered' that cactus was a grand remedy for heart disease. There was a perfect *furore* over it. The druggists could not get it fast enough to supply the demand. A druggist on Indiana Avenue, not far from my office, sent his boy, one day, with a note asking me to let him have a small quantity of cactus. I promptly granted his request. The next time I stopped in at the drug-store he explained that he had received from a 'regular' a prescription which, among other things, called for a dram of cactus. Needing it at once, and knowing that it was a homœopathic medicine, he had, he said, taken the liberty of calling upon me to supply his immediate wants.

* * *

"Well, it wasn't many days before that druggist had in stock enough 'cactus' to last a homœopath a thousand years. He told me that the allopaths were using it freely. Few prescriptions were written of which it was not an ingredient. As it was at this place, so it was at every drugstore in Chicago, and at every one in the United States of America, for the

enterprising drug houses scattered millions of circulars over the land—I received many of them — extolling the virtues of this new-found 'specific.'"

* * *

"Well, what was the result? Why, the 'regulars' gave it at random to every patient who said 'Heart.' It failed in ninety-nine out of every hundred cases, as any homœopath could have told them that it would. Hence, they abandoned its use, and again are we left with a monopoly of the Neapolitan drug."

* * *

"I find in to-day's paper further support of my position. Don't you remember how, more than ten years ago, the homœopathic profession cried out as with one voice that Robert Bartholow was more than half homœopath in disguise? that his book was full of homœopathic stealings? that our materia medica was being surreptitiously appropriated? that our school was being drained of its life-blood, and we were fast going to the demnition bow-wows? O, what a breeze there was!

"Well, what is the effect? Homœopathy is still homœopathy, and Bartholow is still Bartholow. Here are his latest utterances. He is, in the medical press, telling the profession how to treat influenza. He says:

"'Secure immunity by the inhalation of sulphurous acid gas daily, and by taking five grains of salicylate of cinchonidine three times a day, and also quinine as a prophylactic. When the attack has begun give one or two grains of calomel at night, inhale some sulphurous acid gas; and sit in a room where steam containing eucalyptol can be inhaled in large quantity. The insufflation of resorcin is also to be recommended. The internal remedy most desirable is atropine in solution, one grain to one ounce of water, dose from one to five drops. The tincture of belladonna may be used, from one to ten drops twice a day. For the distressing headache, etc., antipyrine, acetalid, phenacetin, and other germicides and anti-septics.'

"There you have it! Where is the homœopathy that Bartholow stole from us, years and years ago? Where are the signs of the 'greater simplicity' of allopathic practice? Where are the parallel columns that Potter used to make?

"Gone! Gone! Gone! Fallen into a desuetude most innocuous!

The allopaths are as crazy as ever and homœopathy is safe from their ravages.

* * *

"Now, this is the history of every attempt that the allopaths make to practice homœopathically. *They do not know how to differentiate their cases!* The allopaths make an empirical use of homœopathy, as they do of everything else. As a consequence, they fail in their efforts. They cannot handle our delicate tools. They are too clumsy. An allopath *must* have a broad-axe; a rapier is of no earthly use to him. He *must* hew down the tree; he is never content with lopping off the offending branch. This is why they fail correctly to apply the little homœopathy that they stumble upon. They are eternally seeking 'specifics,' and yet they don't know the 'feel' of a 'specific' when they get their hands on it. In their practice, a remedy must cure every disease having the same name, or it's no good.

"When Dr. Motchoukouski, of Odessa, had, with apparent benefit, suspended an ataxic, he announced the result of the experiment to the medical world. The medical world at once began suspending ataxics, and one doctor down in New York suspended himself until he was dead. Meanwhile Dr. Motchoukouski had suspended thirteen more ataxics, 'hand-running,' with negative results. But the allopaths paid no attention to this; they continued to suspend ataxics until a short time ago, when they gave it up as a bad job, and came to the conclusion that Dr. Motchoukouski was not very much of a 'kouski' after all."

* * *

"As in this instance, so in all: their methods are purely empirical, including their spasmodic attempts to practice a little homœopathy. If they can't practice homœopathy empirically, they won't practice it at all. They will not differentiate their cases. Ferguson tried to teach one of them to do so, one day last spring. To an allopath who had complained to him of his want of success with cactus, Ferguson said:

"'You don't give it in the proper class of cases. You must reserve its use for those cases in which there is a feeling as if the heart were grasped and compressed with an iron hand ——'

"The allopath didn't wait to hear any more. He simply made a remark about the weather, and walked off. A few days later he asked me if I felt quite certain that Ferguson was perfectly sound in the upper-story."

* * *

"This is the trouble with the whole gang: they try to make use of homœopathic *practice*, while ignoring the homœopathic *principle!* Such a thing cannot be done. For this reason, they fail. For this reason, they always will fail. Their abortive attempts will result, as they have always resulted, in their abandoning the effort.

"The only way that you can get an allopath to practice homœopathy successfully is to make a homœopathist of him.

"They say that our practice is fast being appropriated by these 'scientists.'

"I deny it!"

All of which is truthfully reported by

SELAH.

ORIGINAL ARTICLES.

Written for The Medical Era.

MAMMARY CANCER AND ITS TREATMENT

By J. S. MITCHELL, A.M., M.D.

CHICAGO.

THERE is much discrepancy among surgeons concerning the life of mammary cancer with and without operation. Walsh and Sir James Paget make it appear that operation does not prolong life. On the contrary, Sibley claims that patients who are operated upon have an average life of fifty-three months; those who are not operated upon have only thirty-two and one-half months.

Mr. W. R. Williams, in the *London Lancet*, January, 1889, tabulates all the cases treated at Middlesex Hospital for six years, with a result of sixty and eight-tenths months for those operated upon, and forty-four and eight-tenths months for those not operated upon. The range for a considerable number of observers is from twenty-eight to fifty-five months' duration of life for those not operated upon, and from thirty-two to fifty-three months' for those operated upon, a record very slightly in favor of the operation.

Dr. Samuel Gross, in *Braithwaite's Retrospect*, January, 1889, makes the average duration of life without operation twenty-eight and six-tenths months, and in those operated upon the average duration was thirty-eight and five-tenths months, which comparison indicates that operation adds ten months to the life of the patient. He claims, also, that the patient is safe from recurrence if three years have elapsed after an operation, and that final recurrence may be delayed for several months, or be prevented entirely, by clearing out the axilla at the same time that the entire breast is removed.

In view of so much authority in favor of operation it seems almost presumptuous to intrude individual opinion; but my experience has now extended over so many years, and latterly has embraced such a wide range of cases, that I venture to say that while the statistics are undoubtedly correct, after the manner in which they are compiled, there are sources of error in some of them which make the statements of but little value. To get at exact data we should know something of the variety of cancer treated. My own experience is so overwhelmingly in favor not only of the prolongation of life, but of great relief from suffering, without the use of the knife, that it should be forcibly presented.

In his recent work Lawson Tait says:—"The proposition to deal with cancer of the uterus by complete removal of the organ meets, I need hardly add, with my strong disapproval. My reasons are that its primary mortality must always be heavy and that the few cases in which the disease does not recur are undoubtedly errors of diagnosis."

I am equally confident that many cases of benign tumors have figured in the lists of cancerous mammæ. The objection of the laity to the use of the knife in mammary cancer does not arise, as many surgeons seem to think, from a simple fear of an operation, *per se*. The objection is grounded upon the fact that, their attention having been called to the disease, they have seen so many instances in which, after the use of the knife, cases have proved rapidly fatal, and their course attended by suffering; whereas, those not operated upon continued in comparative health for a much longer period. "Why," I asked of a fine appearing lady with a scirrhus of the breast, which she had carried for three years, "did you not have this operated upon?" "Because," was her answer, "since I have carried mine I have seen ten of my lady friends who were operated on placed in their graves." If women were satisfied that the use of the knife were as effective as it is claimed to be by surgeons, I believe their objection to it would speedily disappear. Certainly, it is far preferable to the crude cancer-pastes so extensively used by irregular practitioners, which cause intense pain, often aggravate and at once enlarge an existing tumor, and which are followed by early recurrence or secondary growth. It is interesting to note that lately there seems to be in the minds of surgeons a revival of aversion to operation, though there have not been wanting in former years notes of warning against the use of the knife from able surgeons. Prof. Gerster, of New York, who certainly cannot be accused by any one who knows him of a disposition to spare the knife, says:—"There are cases of cancer and epithelioma in which the use of a caustic is much more advisable than the knife. The greater my experience becomes in this branch of surgical practice, the more convinced am I that there are cases of cancer of the breast that ought not to be extirpated by the knife. Especially is this true of those growths which are composed of a very soft mass of tissue, consisting of a small amount of connective tissue, but a large number of epithelial elements. Let us see what benefits we shall derive from the use of the caustic in these cases: *First*, you dispense with the employment of an anesthetic of any kind; *second*, the patient does not suffer the loss of a single drop of blood; and, *third*, you can, by means of

the caustic, remove as much diseased tissue as by the use of the knife. Therefore, as I cannot cure the patient by either method, but only palliate the existing trouble, I should hesitate to recommend the use of the knife, which exposes the life of the individual to greater or less risk. There is another source of danger in connection with this matter, not mentioned in text-books. Danger is produced by the necessary manipulation of the growth during operation. It is twisted, compressed and dragged. You have a moderate amount of hemorrhage; you sew up the wound, and it heals by first intention; the patient leaves her bed in a short time, cured. In a little while she presents herself; you notice the cicatrix is red, swollen, œdematous. In the neighborhood of this cicatrix you observe twenty or more little lenticular nodules. Gradually the patient's body becomes covered with confluent nodules, and finally she dies, her end having been hastened by the operation."

In the *International Journal of Surgery*, November, 1889, the editor remarks:—"There recently appeared in our pages some suggestions in a clinical lecture by Dr. Gottheil regarding the class of cases in which the caustic treatment has figured. It is not going too far to say that in proper cases the *chemical treatment is surer and more efficacious than the knife*. The advantage of this treatment over that of excision is that the patient is not called upon to dread an operation; secondly, we get better results. The only possible objection to the procedure is the amount of pain occasioned. Undoubtedly it is in the aggregate much more than that entailed by the cutting operation."

In the *American Journal* for September, Ohren confirms Thierche's observation that the interval between operation and recurrence becomes shorter with each succeeding operation.

Dr. Samuel Gross claims that extensive excision in mammary cancer, especially if the axilla is cleared out, is most effective in preventing recurrence, and that under these conditions a radical cure may be effected.

The following record of a case operated upon by a surgeon of national reputation, now under my charge, illustrates so thoroughly the disadvantages of operation, even when the above conditions are fulfilled, that I will briefly narrate it:—The primary growth involved the whole of the left mammary gland. Beneath the gland was a thin layer of fatty tissue covering the gland, which was normal in appearance. The cicatricial tissue proper was either infiltrated or destroyed by the morbid growth. The infiltration was not confined to the mammary gland, but the lymphatics in the neighborhood were, particularly in the left axilla, involved. In the first operation every vestige of mammary tissue was entirely removed, all fatty tissue, and every lymphatic in the axillary space. Not a trace of anything was left except the nerves and blood-vessels. The dissection was as clean and complete as though done upon the dissecting table. The growth was subjected to microscopic examination and pronounced to be a spindle-celled sarcoma. A second growth, which occurred soon after the operation, was about the size of a cherry, and occurred in the linear cicatrix of the original wound. In the second operation this, with the whole cicatricial tissue, formed after the first operation, was removed *in toto*. This necessitated incisions so extensive that the whole region could be explored with the eye and finger. There was no sign of any recurrent growth. Notwithstanding this extensive dissection the third recurrence has taken place, only a few months afterwards.

Heidenheim, from microscopic examination of carcinomatous mammæ amputated by Prof. Küster, claims that it is necessary, in order to secure good results in these cases, not only to remove the mammary gland and the contiguous lymphatics, but a portion of the pectoralis major muscle as well. It is in vain, however, that these dissections are extensively made. Recurrence of the growth, in my experience, will occur in seventy-five per cent. of cases, if they are true carcinoma, within one year. The average duration of life in mammary cancer being accepted to be about three years, varying from this comparatively little, according to most authors, whether we operate or not, my own experience teaches me that operation should be declined in nearly all cases. I cite a few illustrative cases.

I would first call attention to the case of the wife of that veteran homœopathist, Dr. J. B. Hunt, who suffered two operations, the second occurring one year after the first. Six months later a nodule appeared near the axilla and a small open sore on the line of the cicatrix. The patient was then put under my method, the sore healed, the nodules disappeared, and the patient continues at this writing in good health.

Mrs. H., of Dubuque, applied to me last October with the following history:—Two years ago she had her first operation for mammary cancer. Recurrences took place, necessitating a second operation in eight months, a third in four months, a fourth in two months, a fifth in about six weeks, and a sixth a few weeks afterwards. Recurrence having again taken place, she then applied to me. The cicatrix was red, and there were some fifteen or twenty nodules

about the mammary region. Some of them were slightly ulcerated. I put her upon Arsenicum 3x tablets, and advised the use upon the nodules of the 2x trituration of Arsenicum. It is now more than a year since she began the treatment, and she has remained in excellent health and with but very slight growth of some of the nodules, while others have disappeared.

Mrs. Judge H. applied to me a year ago with a large scirrhus of the left breast. It had involved the whole mammary gland, and was of stony hardness. At two or three points the skin was red and thin and apparently ready to ulcerate. There were sharp pains shooting into the arm, and the patient could not lie upon the left side. The day had been appointed for an operation, but, at the last moment, she declined it, and placed herself in my charge. She was simply put upon Arsenicum 3x tablets, a dose four times daily, every alternate three days. Conium 3x was also administered at times. At the end of about two months all pain had disappeared, the patient could lie easily upon the left side, the tumor gradually began to disappear, and the patient, who had before been exceedingly nervous and had once made an engagement for an operation, is now entirely reconciled, says it does not disturb her in the least, and but for its bulk she would not be aware of its presence. Under treatment it has diminished in size at least one-half.

Mrs. P., sent to me by my friend, Dr. Abel, of Sedalia, in November, 1888, had a large scirrhus involving the entire left breast. When I first saw it it was not ulcerated, but gave promise that the integument would soon give way. I advised her to return home, putting her upon Arsenicum 3x until such time as it should ulcerate. In about eight months she returned. The tumor had diminished greatly in size, but the integument had ulcerated, making an open cancer extending from the sternum about five inches towards the axillary space. The ulceration varied in width, being from three-quarters of an inch to two and one-half inches wide at the widest part. Continued Arsenicum 3x internally. Applied at first, as she was exceedingly sensitive to the drug, Arsenicum 3x locally for about a month; then followed with Hoang Nan 1x, when healing began to take place. A few weeks afterwards the ulceration had entirely healed, but it has lately broken out again, not so deep, and is again yielding to treatment. This patient has already had a year of comfortable life, and her general health is greatly improved.

Mrs. F. applied to me early in June last with the following history:—Had been feeling bad for about three years. A few months before a tumor had appeared, small in size, which had been extirpated early in February by a well-known surgeon in this city. Recurrence took place in March, and a second operation was performed. It was now June, and the surgeon had suggested the necessity of a third operation. She was very anxious to go abroad, and, with her former experience, felt sure that she would require still another operation by August. I told her to be of good cheer, make her plans to go away just as usual, and follow my advice. There was then no ulceration. I put her upon Arsenicum 3x. After a little the pain subsided, she could use her arm better, and the tumor became less of an entity with her. She resumed her preparations for her journey, went abroad, had a fine visit, returned, having gained ten pounds, and instead of a haggard, pale-faced person, presented every appearance of robust health. Three nodules are now present, one about the nipple, of considerable size, which gives evidence of ulceration. Just as soon as it does we shall place her upon the Arsenicum trituration locally, and gradually enucleate it.

Mrs. N., aged 55, came to me, November first, with a scirrhus of the left breast. It involved nearly one-half the mamma, including the nipple. It was ulcerated for a space two inches long by one and one-half inches wide, and very deeply. The patient was given Arsenicum 3x, four tablets daily. Arsenicum trituration 2x was freely used on the ulcerated surface, and a few applications of Arsenicum 1½x trituration were made. The patient bore these applications with but little pain, and no signs of arsenical poisoning. She came each day to my office. At the end of two weeks' treatment the patient was allowed to go to her home in Nebraska, as I was confident the slough which had formed would be followed by healing.

Mrs. W., 60 years of age, applied to me, in March, with a scirrhus cancer of the left breast. It was about the size of a large English walnut, and there were shooting pains in it. She was a little pallid. I gave Arsenicum 3x, and it has now been under treatment for six months with but little increase in size. The pain has all gone, the patient can lie upon the side of the tumor, and it has apparently reached the limits of its growth.

I have had two fatal cases of sarcoma, in both of which the tumors were of immense size upon my first visit. They were too large for good result to be produced by any method. No special effect appeared from the Arsenicum

treatment. It is useless to expect from operation, or from any other method, relief in tumors of this kind after they have attained very great size. I am satisfied that if these cases are taken early and placed upon the internal use of Arsenicum alb. 3x, Arsenicum jod. 3x, and Conium, their progress can be stayed, all pain and irritation removed, and the patient given many months, and possibly years, of comfortable life. In those cases where ulceration has appeared, the use of the Arsenicum triturations will gradually remove the cancerous tissue and effect healing. All cases in which implication of the axillary glands, or in which secondary growths have appeared in another part of the body are, of necessity, fatal under any method of treatment within a comparatively short period.

Exceptionally one will meet with a case in which, after a time, the use of the Arsenicum 2x trituration locally will cause, by exciting an inflammation not wholly destructive, an increased growth. Such tumors should be amputated, the wound left to granulate, with the Arsenicum 3x trituration applied steadily during the healing process. Arsenicum 3x should be given internally for many months. Dr. W. T. Helmuth has had most excellent results after operation in mammary cancer in delaying recurrence by advising the persistent use of internal treatment. In every case of carcinoma of the breast in which there is no ulceration, put the patient upon internal treatment, notably with Arsenicum 3x trituration. Many of these tumors will have but a limited growth, soreness and pain will disappear, and the patient will lose anxiety on account of her condition.

I am confident that in a few years the knife will be as obsolete in cancer as the lancet is now for inflammation.

2954 PRAIRIE AVENUE.

Alexander has recorded the results in 84 cases upon which he performed the operation bearing his name. One death occurred, the result of pyæmia and peritonitis. Fifty-eight cases were operated upon for retroflexion, with permanent success, as far as he can ascertain, in fifty-four. Pregnancy had occurred twice in one patient, with no unfavorable symptoms and with no return of the retroflexion for which he had operated. He alludes to the danger of subsequent hernia, and for its prevention lays great stress upon the necessity for a careful closure of the external ring, and advises the wearing of an abdominal belt for some time after the operation. Cases operated upon for prolapsus have yielded the best results.

Written for THE MEDICAL ERA, *Department of Surgery*.

INTESTINAL SURGERY: A REVIEW, WITH A REPORT OF THREE CASES.

BY HORACE PACKARD, M.D.
BOSTON.

THE conditions which might arise calling for operative measures on the intestinal tract are:

1st. Acute intestinal obstruction from:
(*a*) cicatricial contraction;
(*b*) neoplasms;
(*c*) intussusception;
(*d*) volvulus;
(*e*) hernia;
(*f*) enteroliths;
(*g*) imperforate anus.

2d. Wounds of the intestines:
(*a*) from gun-shot or stab;
(*b*) accidental, during operations for removal of tumors, etc.

3d. Artificial anus.

There are probably no conditions which lead more surely to death than acute intestinal obstruction, and wounds of the intestines which permit the escape of fecal matter into the peritoneal cavity.

It seems equally certain, in the light of the most recent achievements, that the most brilliant and satisfactory results may be obtained from judicious operative measures for relief of these intestinal lesions.

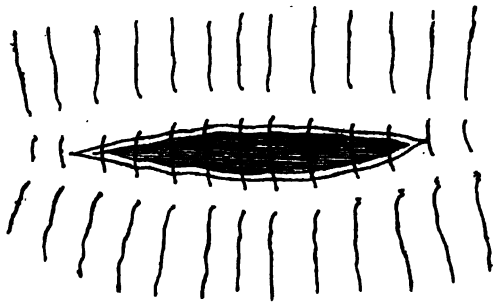
Resection of the intestine with circular enterorrhaphy has been practiced at rare intervals for a great number of years, but, prior to 1888, with very fatal results; and for the following reasons: It had usually been undertaken after intestinal obstruction had existed for a long time, and, as a consequence, the patient had become much prostrated; it was a long, tedious operation, even in the hands of the most skilled operators; it was exceedingly difficult, even with the greatest care, to approximate the ends of the intestines so accurately as to prevent the escape of gas and fecal matter. As a consequence, patients undergoing such an operation have, in the majority of cases, died during the operation, or in a day or two afterward, from extravasation of gas or fecal matter into the peritoneal cavity.

It is recorded that Celsus and his compeers occasionally practiced intestinal suture, probably only to the extent of attempting the repair of simple intestinal wounds, as sabre-thrusts, etc., but such poor results followed that it was looked upon as too hazardous for general adoption.

The idea of the possibility of successfully closing intestinal wounds had become fastened upon the minds of surgeons of the middle ages, as is evidenced by descriptions of divers means which were employed to aid in making a union

which should effectually seal the wound against all chance of the intestinal contents escaping, and at the same time permit the free onward passage of the same. Tubes of wood, of pasteboard, the trachea of an animal, and portions of dried intestine were fitted into the gut at the site of the wound and the gaping edges sewed together over them.

The first recorded intestinal operation where a portion of the gut was cut away and the remaining ends united was by Duverges, in 1837. Eleven years prior to this, however (1826), marks the great epoch in intestinal surgery, for it was at this time that Lembert gave to the world his intestinal suture,



Lembert's Suture.

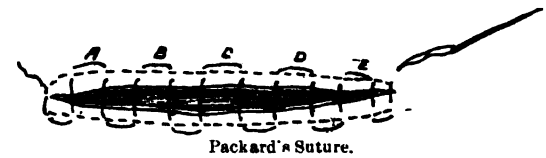
which had for its object the bringing into apposition of serous surfaces. All subsequent improvements in this direction have revolved about this central idea, viz., that serous surfaces, if approximated and kept at rest, rapidly adhere.

Czerny's suture is like Lembert's, adding only a separate row of stitches which draw the edges of the mucous membrane together.

Gussenbauer's suture is an attempt to combine the two preceding in a single row of sutures.

Kuschner's suture is the common continuous, or glover's-stitch.

In my practice in intestinal surgery I have made use, in my last two cases, of a method of suture differing materially from any which I have seen described or figured in any of the literature on the subject. It was suggested while I was attempting to inflate an ovarian cyst which had the peculiar tricuspid puncture in its walls which always results from the use of Emmet's cyst-trocar. I cut out the triplex puncture so as to have two straight, or slightly curved, edges to bring together; then, with a fine sewing-needle and silk, drew the edges together, after the method of Lembert, only making the suture continuous, and yet quite different from the ordinary continuous stitch. As far as I am able to determine, it is without precedent, hence I feel justified in claiming priority for it.



Packard's Suture.

Dupuytren's suture, as found figured in Greig Smith's "Abdominal Surgery," might be confounded with the above, but, on close examination, it will be seen differing materially. The suture includes the serous and muscular coats only. Its special points of excellence are—

1st. It is impossible to strangulate the tissues with any ordinary tension which may be exerted.

2d. On tightening the suture the serous and muscular coats are raised in a ridge (see faintly dotted line in cut), raising a buttress against which all the tension of the several loops of the suture (see cut, *a*, *b*, *c*, *d*, *e*) is exerted.

3d. It can be rapidly applied.

4th. It has stood the test of actual use in two experimental operations on dogs, and in two intestinal operations on the human subject.

The ends of the suture should be fastened as in any continuous suture. I would not recommend this mode of suturing in circular enterorrhaphy following resection of the intestine, for the reason that I believe the day is past for circular enterrorrhaphy of any kind, either by suturing the divided ends or by invagination, but for the closure of all incised wounds of the intestinal wall, either longitudinal or transverse, I believe it to be unexcelled.

As intimated above, the re-establishment of the continuity of the intestinal canal after resection is a much more complicated operation than the closure of a simple intestinal wound. Naturally, all early efforts were directed toward union of the segments of the intestine by simply bringing the edges into apposition and fastening them by one or more rows of fine sutures about the whole circumference. This is fraught with many dangers to the patient, for the following reasons:

1st. It is a very long operation, requiring in the hand of the most expert operators an hour or an hour and a half.

2d. The sutures must be placed so closely that strangulation of the tissues, with sloughing, is very liable to occur.

3d. At the point where the peritoneum is reflected onto the omentum it is very difficult to make a sufficiently tight joint to prevent the escape of gas or feces.

Hence, failure has been the rule, either from the death of the patient from exhaustion before the completion of the operation, or from perito-

nitis through escape of feces or gas into the peritoneal cavity, from sloughing along the line of sutures, or imperfect closure at the outset.

A second method of re-establishing the continuity of the intestine after resection is that known as invagination. It was probably first suggested by the occasional spontaneous recovery of cases of intussusception by the adhesion of the entering and receiving portions at the point of entrance and the sloughing away of the invaginated portion. In fact this first gave Jobert the hint of the readiness with which serous surfaces form adhesions if kept closely in contact and at rest. It will at once be seen that in intussusception, at the point of entrance, serous surfaces are in contact. Jobert tried to imitate nature by turning in half an inch or so of the lower segment, slipping the upper segment into it, and fixing by sutures.

Metallic rings have been used to facilitate invagination by inserting one in the lower segment and turning the gut over it, then fastening a smaller one in the upper segment. These enable the operator more easily to accomplish the invagination through the rigidity thus given. The objection to such rings is that they are hard, resisting foreign bodies, and are liable to cause sloughing or serious obstruction.

Dr. Nichols Senn has substituted for the metallic rings a single ring* of rubber made from a strip of soft rubber by overlapping the ends and fastening them with catgut. This he fits into the upper segment, then turns in the edges of the lower segment, and forces the upper segment, re-enforced by the rubber ring, down into it, fastening the whole with four catgut sutures. Union has been successfully accomplished by these methods. Of the two, undoubtedly Senn's is the better. There is an objection, however, even to the latter, in that, even if perfect union result, the invaginated portion of the gut forms a diaphragm, or, in photographic parlance, a "stop," at the line of union, thus narrowing the lumen of the intestine materially.

In an experimental operation on a dog preparatory to a similar operation on the human subject, this objection seemed so weighty that I discarded it for one which I shall describe further on.

Anastomosis between adjacent loops of the intestinal tract for the purpose of establishing artificial communication, especially the stomach with the duodenum, in cancer of the pylorus, has been occasionally practiced for ten or twelve years. To Dr. Nichols Senn, however, belongs the credit of having reduced the operation* to such simplicity that, of all operations thus far devised for re-establishing the continuity of the intestinal canal, this is the best. It accomplishes anastomosis safely and quickly; it supplants circular enterrorrhaphy by any method. In place of suturing, which had been the custom prior to 1888, he introduced the method which now goes by his name, viz., Senn's method of intestinal anastomosis by the use of decalcified bone-plates.

I will not enter into the minutiæ of the procedure here, since a full description will be given later, in the report of a case; suffice it to say that in any case where resection of a portion of the intestine becomes necessary, this offers the most flattering prospect of a successful result. The condition calling for it would be gangrene of the intestine from strangulated hernia or intussusception; severe lacerating wounds of the intestine; stricture from malignant diseases or cicatricial contraction; congenital atresia of intestine. By this method the diseased portion may be removed *in toto;* or, if such radical measures be not advisable, a loop of intestine above the stricture or neoplasm may be joined to an adjacent loop below. In case of resection the ends of the intestinal segments must be turned in and sealed by sewing with silk, according to such method as the operator may select. The one figured above was used with the best results on dogs and the human subject. Fine silk (that known as D, black, of the thread-store, answers every purpose), threaded in No. 7 sewing-needle, is the best material for intestinal suture.

In case of wounds of the intestine from pistol-shot or sabre, ordinarily nothing more in the way of operation is needed than trimming the edges of the wounds and sewing them together. Extensive laceration may occur, necessitating resection, but not often. A most valuable adjunct for the purpose of determining whether or not a bullet or sabre-wound of the abdomen has penetrated the intestine is the insufflation of the same per rectum with hydrogen gas. If there be a wound anywhere in the intestinal tract the gas will find its way through and out at the abdominal wound. A lighted taper held over the external wound will show at once the exit of the gas by igniting it. The special advantage of this procedure is that by its aid an absolute diagnosis may be made early in the case, and, if perforation exist, operative measures may be resorted to before the patient is *in extremis* from peritonitis. Every case of penetrating wounds of the abdomen should be tested by rectal insufflation of hydrogen gas as soon as possible after the occurrence of the accident.

CLINICAL CASES.

CASE I. Mrs. A., who had been under my observation for the treatment of a moderate-sized

* Intestinal Surgery, by N. Senn.

uterine fibroid tumor, and to whom a favorable prognosis as regards the tumor had been given, was prostrated by what she supposed was a new phase of suffering from her tumor, viz., inability to obtain a satisfactory evacuation of the bowels. After resorting to the common household remedies for the relief of constipation, she called her family physician, who exhausted every means by enemata, etc., but without avail, save the washing away of a few pieces of fecal matter. Distension of the abdomen supervened, and fecal vomiting followed. At this juncture I saw her in consultation, and found, besides the symptoms mentioned above, a weak, thready pulse, face indicating great suffering, perspiration, and at irregular intervals violent peristaltic contraction of the intestine, which could be readily seen through the abdominal walls. I gave a diagnosis of acute intestinal obstruction, probably due to causes independent of the tumor, and advised abdominal section as the only means offering hope of relief. In pursuance therewith, and with the consent of the family, the patient was transferred to the hospital, and as quickly as preparations could be made ether was administered and the abdomen opened. The point of obstruction was found in the descending colon, near the sigmoid flexure, and was a stricture, or knot, occupying an inch or an inch and a half of the colon, probably of malignant character. No other structure in the vicinity was involved in any way; the omentum and mesentery were apparently perfectly normal, nor were the mesenteric glands perceptibly enlarged. The uterine fibroid rested quietly in the pelvic cavity, and was in no way the cause of or complicated with the intestinal obstruction. It was determined to resect the strictured portion of the intestine and make circular enterrorrhaphy by use of Senn's rubber ring. A rubber ligature was placed about the intestine above and below the stricture to prevent the escape of feces, and about four inches of the gut removed. A rubber ring three-fourths of an inch wide was then fitted into the upper segment, the edges of the lower segment turned in, and the attempt made to invaginate. Here, however, a serious difficulty was met with, viz., the intestine above the stricture had become enormously distended, and that below proportionally contracted. It will be seen at once that an attempt at invagination by slipping the upper segment down into the lower was like trying to slip a six-quart measure into a half-peck. I tried to stretch the lower segment, and narrow the upper by adjusting a small ring, but before it was accomplished the patient succumbed. This was about the time that Senn published the results of his experimental work in intestinal surgery, and as all his personal experience by this method of operating had been gained from work on dogs, this want of conformity in diameter of the two segments had probably not complicated his operation, for he does not mention it. It is at once apparent that the operation on a healthy intestine, normal in lumen both above and below the portion resected, is quite a different procedure from the same in such a state as was met with in the case here related. I afterward regretted that I had not made lateral anastomosis, with decalcified bone-plates, but the method was in its infancy at the time, and I had none in readiness and none was obtainable.

Case II. Mrs. P. entered the Murdock Free Hospital for Women for the purpose of gaining relief from an artificial anus situated in the abdomen just above the pelvis, in the site of an old cicatrix. Laparotomy had been performed on her eighteen months before for the removal of a uterine fibroid. She recovered from the operation, but it left her with an artificial anus, as described above, from which all the feces were discharged and all gas which was generated in the intestine made its exit. Several attempts had been made to close the aperture by plastic operation, but failed. I found on examination that the index finger easily passed into the gut and I could easily trace its continuation by and beyond the point of its adhesion to the abdominal wall. From the feeling I suspected that a considerable portion of the circumference of the gut was lacking at that point, and, therefore, if an operation for radical cure were attempted something more than mere longitudinal suturing would be necessary. Accordingly, preparatory to operating on her, I secured two dogs and made experimental operations on them for the purpose of testing the method of circular enterrorrhaphy, as well as of union by lateral approximation with decalcified bone-plates.

First Experiment. Dog, weight 10 pounds; chloroformed; abdomen opened; loop of intestine drawn out; four inches resected; ends turned in and sutured; bone-plates adjusted: the segments of intestine brought into lateral apposition; the whole returned to the abdomen and the external wound closed. The dog was stupid and refused to eat for a few days; gradually brightened up, and was well and playful in ten days. Three weeks after the operation the dog was chloroformed and the intestine examined. Perfect continuity of the intestinal canal had been maintained. It was extremely instructive to observe how much nature had done to re-enforce the intestine at the site of resection by adhesions which had formed be-

tween it and adjacent portions of the mesentery and intestine.

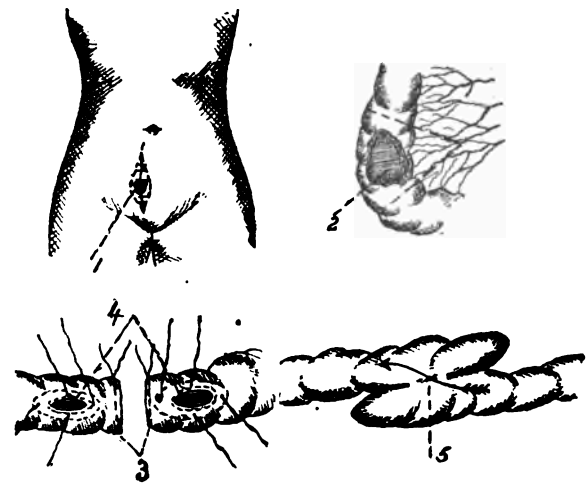
Second Experiment. Dog, weight 60 pounds; chloroformed; abdomen opened; loop of intestine drawn out; four inches resected; rubber ring fitted into the upper segment; edges of the lower segment turned in; invagination effected; held in place with two catgut sutures; external wound closed. The dog was stupid and refused to eat for several days, but finally picked up and gained appetite and spirits. Killed three weeks later, and the portion of intestine operated on removed. It was found buried in adjacent loops of intestine and omentum; union had taken place, but the lumen was much narrowed by the diaphragm, or "stop," mentioned earlier in this paper. It was so small that my index finger would barely pass through it. A little suppuration had occurred close by the point of operation, but was encapsulated; there was also a hole discovered externally over the ribs on the left side, which was superficial, and I more than suspect was caused by an attack from rats while he was still under chloroform.

With this experience I could but pronounce in favor of the lateral approximation with bone-plates. I duly laid the danger of the operation before the patient, informed her of the results of my experiments on dogs, and after a little deliberation she decided that she wished the operation performed.

Accordingly, I prepared a pair of bone-plates in the following manner*: From the leg bone of a bullock two plates of bone were sawed, 2½ inches long, 1¼ inches wide, and 3-16 of an inch thick. They were made oval in form, and an oval fenester one inch long by half an inch wide was cut in each. With a fine drill four holes were made, two near the ends and two at the sides of the fenestre. They were placed in naphtha to dissolve the fat; then in dilute hydrochloride acid for decalcification. When the latter process was complete they were placed between pieces of blotting paper until perfectly dry. They were then threaded each with two pieces of silk, armed with fine sewing-needles.

Operation. The patient's bowels having been thoroughly evacuated by a mild cathartic, ether was administered and the surface of the abdomen cleansed as for an ovariotomy. A curved incision was first made extending from two inches above the artificial anus along its left side and to a point two inches below. This was carried through all the parietal layers to the peritoneal cavity. It was then plainly to be seen how the artificial anus had happened, for the descending colon was adherent along the cicatrix, evidently having been accidentally fastened to the wound at the time of its closure.

A second incision was next made, similar to the first, curving along the right side of the opening. In this way an elongated section of the abdominal wall was removed, including in it the artificial anus and the most of the old cicatrix. The loops of colon to which it was attached quite readily drew out with it, from which it was subsequently separated with considerable difficulty on account of the dense adhesions. A very large rent in the colon was thus exposed, involving such an extensive loss of the intestinal wall that it was not deemed advisable to attempt trimming the edges for simple longitudinal enterrorrhaphy. Consequently a segment of the gut, including the rent, was excised, with a wedge-shaped piece of the mesentery. Several mesenteric vessels were ligated. The ends of both segments were then inverted and sewed with black silk. A longitudinal slit was next made through the wall of each segment, opposite the mesenteric attachment, about one-half inch long. To facilitate rapid adhesion the serous membrane about each slit was scarified. Into these the bone plates were slipped, and adjusted inside of the colon in such a way that the fenesters in the plate coincided with slits in the wall of the colon. These were held in place by the silk threads mentioned above, which were passed from within outwards through the intestinal wall, at the four points which coincided with the small holes in the plates. All was now arranged so that when the two segments were lapped by each other, and the lateral slits brought into apposition, the ends of the threads of silk were in the right relative position to tie readily. This was done, which brought the two segments firmly and closely together. The ends of the threads were cut short and the knots tucked in as far as possible between the segments. The whole procedure may be more easily understood by the accompanying diagram.



1. Artificial anus in site of old cicatrix.
2. Rent in the gut, the dotted lines show the part resected.
3. Ends of segments of the gut, turned in and sewed.
4. Bone plates *in situ*.
5. Lateral approximation of the segments, showing the re-estab-

*Intestinal Surgery, by N. Senn.

The loops of the colon were carefully returned to the abdomen and the external wound closed. But little elevation of the temperature followed, no peritonitis, and the third day gas was passed per rectum. Rectal alimentation was followed for one week, consisting of enemata of four ounces of warm water with twenty-five drops of Murdock's Liquid Food, every three hours. The second week soups and broths were given per mouth, and the third week soft bread was added. On the eighteenth day the patient had a natural stool. The patient was kept on her back for six weeks, after which she gradually sat up and walked about. At the present time, five months from the date of operation, she is well, with the exception of a ventral hernia, which is well controlled by a pad.

Case III. Mrs. I. came under my care for the relief of a fistula in the right groin, from which fecal matter was discharged in small quantity. She gave a history of a swelling which made its appearance there, followed by inflammation, suppuration and discharge, finally terminating as above described. There seemed no doubt but that she had had a strangulated hernia, with gangrene of the gut and adhesions of the latter about the inguinal canal, thus terminating in spontaneous recovery, save the persistence of the fecal fistula. The latter was very annoying to her, and though fully informed of the gravity of the operation, she was very desirous that the attempt should be made to close it. Accordingly, she was etherized and an incision made along the left linea semilunaris into the abdominal cavity. On passing the hand to the internal inguinal ring the cæcal portion of the ascending colon was found firmly adherent to its borders. The external ring and inguinal canal were laid open, and by combined external and internal manipulation the gut was freed from its attachments and brought out of the abdomen. Though the rent was quite large in the intestinal wall, it could be easily brought together without narrowing the lumen of the canal. All ragged edges were trimmed off, and the lips united with silk according to the method mentioned earlier in this paper. Considerable suppuration occurred in the abdominal wound, presumably from imperfectly prepared catgut which was used to sew the sheaths of the muscles together. No peritonitis occurred, nor extreme rise in temperature. Convalescence rapidly followed, and at the present time, five months from the date of operation, the patient is well. The inguinal canal was closed with catgut and wire sutures.

On reviewing my experience thus far in intestinal surgery the following conclusions are drawn:

1st. Experimental operations on dogs furnish a most valuable means for familiarizing one with the technique of intestinal surgery.

2d. Senn's method of lateral approximation with decalcified bone-plates marks an important stride forward in the advancement of intestinal surgery.

3d. The majority of cases of strangulated hernia, with gangrene of the gut, as well as gunshot and sabre wounds of the intestine, also cases of acute intestinal obstruction, may be saved by early operation.

295 West Chester Park.

A NEW OPERATION FOR THE EXTERMINATION OF THE PILE-BEARING INCH.

By E. H. Pratt, A.M., M.D.
Chicago.

For the benefit of those interested in orificial work I desire to describe a new operation which I have lately devised for the complete eradication of internal and external piles. In my own work it is taking the place of both the clamp and the English operation. In cases where there is sufficient redundancy of tissue to make it feasible, with the patient anæsthetized and placed in dorsal position, with thighs well retracted upon the abdomen, the anus is first to be thoroughly and carefully dilated. (Let me say in this connection that I very much prefer to secure dilatation by successive shocks of the bivalve rather than to accomplish it by steady, unremitting pressure. The repeated shocks to the nervous system of the former method seem more deeply to arouse the reactive powers of the patient, and secure a correspondingly increased benefit. Especially is this true where one is operating to produce constitutional effects, instead of simply to correct a local trouble.)

But, to proceed with the operation: The bulging rim of piles is to be seized by four hemorrhoidal forceps placed at equal distance from each other, and held by assistants in such manner as thoroughly to extrude the parts and place them upon a tension. The most superficial observation will at once disclose the line which separates the smooth, normal mucous membrane above the sphincters, from the congested, hypertrophied and partially disorganized mucous membrane covering the pile-bearing inch. This line will, of course, be on a level with the upper border of the internal sphincter.

A pair of scissors is now made to sever the mucous membrane evenly along this line around the entire circumference of the intestine. As nothing but the mucous membrane is severed, the hemorrhage will be very slight indeed. By careful dissection the mucous membrane, piles

and all, can now be peeled away from the pile-bearing inch to the depth of the internal and external sphincters, which can be distinctly seen, and, consequently, avoided. In this process a small artery upon either side and one in front will be encountered, which may require the surgeon's attention before proceeding with the work.

After the membrane and subjacent tissues have been well loosened from their attachment to the sphincters, still being continuous with the integument at the anus, it is to be seized at different points by tissue-forceps, well straightened out, and, with knife and scissors, amputated. Sufficient of the skin surface about the anus should be left to permit its approximation by sutures with the severed edge of the membrane above the pile-bearing inch. Care should be taken in applying these sutures to do the work symmetrically, so that there shall be no twist in the intestine.

The advantage of this operation over the one performed by use of the clamp is that it avoids the danger, which is considerable in careless hands, of mutilating the external sphincter, and also avoids leaving bruised tissue, which is more or less liable to cause suppuration, and which remains as a source of anxiety to the surgeon.

I have this fault to find with the English operation. After the skin is once severed from the mucous membrane, and the dissection proceeds upwards, it must go in one of three ways: either (1) entirely outside of the piles; or (2) entirely inside of the piles; or (3) descending in the midst of them. If one proceeds outside of the piles, he is in danger of peeling up the external sphincter as well as the piles, and if he discovers his mistake before injuring the muscle, he has, unfortunately, loosened it from its bed and doomed it to an environment of cicatricial tissue, which is apt to interfere with the subsequent usefulness of the muscle.

The incontinence of feces following rectal work is due, as a rule, not so much to the dilatation of the sphincters as to clumsy, cicatricial bands, handicapping their action. This condition of incontinence is not common, and is remediable, but it is better to avoid it than to be called upon to cure it afterward.

If one proceeds by the second method, and in his dissection hugs closely the mucous membrane, this tissue, as a result of the chronic inflammation usually present, is so softened as to be exceedingly friable, and the operation can scarcely be smooth and tidy enough to satisfy an ambitious operator.

If one, however, proceeds in the English operation by the third method mentioned, and works his way by careful dissection into the center of the piles, leaving part of them attached to the mucous membrane and part of them lying about the external sphincter, his operation is liable to be quite bloody, and necessitates the careful dissection of the piles upon both sides of the wound, a matter not always easy of accomplishment, and fraught with some danger to the external sphincter. It is not always easy to make the wound of equal depth around the entire circumference of the bowel, and hence the amputation of the mucous membrane is very liable to be made in an irregular line. The operation which I have described accomplishes the same purpose as the English operation, but has the advantage of it, (*a*) in securing an evener line of amputation of the mucous membrane; (*b*) in being less bloody; (*c*) in permitting a more thorough removal of the piles; (*d*) in leaving without difficulty the two sphincters entirely unmolested in their beds; (*e*) in permitting more rapid work; and (*f*) in securing a nicer coaptation of the different edges of the mucous membrane and skin.

I have now performed this operation a sufficient number of times to warrant me in thus highly recommending it to the consideration of the profession.

56 CENTRAL MUSIC HALL.

EHRLICH'S TYPHOID-FEVER REACTION.

BY CLIFFORD MITCHELL, M.D.
CHICAGO.

EHRLICH'S test for the urine of typhoid fever is still attracting attention, and at the request of several physicians in Chicago I have undertaken investigations in regard to its value in diagnosis.

The solutions required in making the test are:

First, hydrochloric acid in water (five cubic centimeters of hydrochloric acid and one hundred of distilled water) to which a sufficient amount of sulphanilic acid is added to saturate it. (Add, therefore, sulphanilic acid, which comes in the form of crystals, little by little to the hydrochloric acid solution, shaking well each time, until finally no more is dissolved).

Second, dissolve one gramme of sodium nitrite (not nitrate) in 200 cubic centimeters of distilled water. (Sodium nitrite comes in the form of sticks. Cut off from one of the sticks a piece little less than half an inch long, and this will weigh a gramme, roughly speaking).

In order to perform the test proceed as follows:

Take 25 cubic centimeters of the solution first described, viz., sulphanilic acid in dilute hydrochloric acid; add to it one cubic centimeter of the sodium nitrite solution; mix well, and add to the whole about an equal bulk of the

urine to be examined. Then further add strong ammonia, mixing well, until the mixture turns red litmus-paper noticeably blue.

The solutions being freshly prepared and added to *seven* specimens of urine in the manner just described, the results were as follows:

No. 1. Color of the mixture light yellow-red; at the end of 24 hours precipitated phosphates collect at the bottom of tube, and are of a faint pinkish tint. The urine is that of a patient convalescing from typhoid fever.

No. 2. Color of the mixture, when first made alkaline by ammonia, that of a dichromate solution—yellow-red. On standing 24 hours the precipitated phosphates are of a light chocolate hue. The urine is from a patient convalescing from typhoid, and in the seventh week.

No. 3. Color of the mixture when ammonia is added, carmine-red at once. In 24 hours the phosphatic sediment has an upper layer of a dark green hue. The urine is from a patient in the third week of typhoid fever.

No. 4. Color of the mixture, ruby-red at once. Phosphatic sediment dark green, as in No. 3. The urine is from a patient in the latter part of the second week of typhoid fever. (In this urine, and in No. 3, on shaking the mixture in the test-tube the froth was of a delicate pink hue, not noticed in cases 1 and 2.)

No. 5. Color, light port-wine; phosphates, dirty-gray. Patient in the fifth week of typhoid fever.

No. 6. Color, the yellowish-red of a dichromate solution; phosphates, dirty-gray. Patient in the fourth week of typhoid.

No. 7. The color as in No. 6. The phosphates dirty cream-color, with a barely perceptible ring of dark green through them. A mild case of typhoid in the third week.

So far as these seven cases are concerned the conclusions are as follows:

1. When the freshly prepared solutions are added to the urine of typhoid-fever patients (in the proportions and in the manner described at the beginning of this note), the mixture of urine and chemicals turns *red*, the color varying from yellowish-red to ruby-red, or even darker.

2. In severe cases of typhoid fever the red color appears more quickly and is richer in hue than in mild cases.

3. In severe cases of typhoid fever in the second or third weeks the precipitated phosphates have a very marked dark-greenish tint.

4. In milder cases, and in patients convalescing, this dark green tint is either wanting altogether or barely perceptible.

5. In severe cases the froth, on shaking the mixture, is pinkish in tint.

In making this test it is important to have freshly prepared solutions of the chemicals used, and not to mix the sulphanilic solution with that of the sodium nitrite until the urine is ready to be added.

I must acknowledge indebtedness to Dr. S. P. McKinney, of Cook County Hospital, for aid in securing the specimens of urine and in furnishing me with notes in regard to the cases.

In a subsequent article I shall describe the results of the use of the test on normal urine and on the urine of diseases other than typhoid.

Seventy State Street.

Contributed to The Medical Era, *Department of Gynecology.*

PUERPERAL FEVER; OR, TOXEMIC PUERPERAL DISEASE.

By T. GRISWOLD COMSTOCK, A.M., Ph.D., M.D.,
Master in Obstetrics (Vienna).
ST. LOUIS.

[Read before the Southern Homœopathic Medical Association.]

I FEEL no little diffidence in speaking of puerperal fever, because I regard it as an essential fever, peculiar to the parturient patient. It is a subject on the pathology of which the profession have been greatly divided, one party regarding it as an essential fever, *sui generis*, and the other party insisting that it is a local disease very nearly allied to surgical fever.

The word *puerperal* comes from the Latin word "puer," a boy (child), and "parere," to bring forth, and well expresses the peculiar fever to which women in confinement are subject.

This affection, known from early antiquity, is supposed to have been the cause of the death of Rachel, the beloved wife of Jacob, as stated in the Bible. In times gone by, especially in England, it occurred as an epidemic, and was regarded by the English physicians as "a pestilence that walketh in darkness." An epidemic of child-bed fever in 1786 raged on the miasmatic plains of Lombardy, from which not a single puerpera recovered. Some of the old authorities defined it as "a disease of doubtful character and origin, and one to be greatly dreaded."

Puerperal fever, known as child-bed fever, may well be regarded as a toxemic disease. It is caused either by some morbific agent acting upon the blood of the patient generated within her system, or derived from some external poison. In my opinion it is at first an essential, zymotic fever, *sui generis*, peculiar to women in child-bed, and as such we have abundant evidence reasonably to conclude that it is a specific disease, and may indeed become malignant when associated with septic conditions.

Hervieux, a French authority, says that "in the multiplicity of puerperal diseases, the *origin* is believed to be a *puerperal poison*."

It is not infrequent among the better classes of young women who happen to be delivered of illegitimate offspring, so that we may conclude that it sometimes has a nervous origin. Prolonged mental distress, with melancholy, and an impoverished state of the blood from any cause whatever, as the want of proper food and nutrition, is a predisposing cause.

The older practitioners of midwifery well know the disease, and concede that it is contagious, and that its existence is largely influenced by the peculiar conditions of its environment. Now and then it appears as a sporadic disease, and again as epidemic in character.

It usually sets in before the fifth day after delivery, but occasionally, though rarely, as late as the eighth day.

DEFINITION.

Puerperal fever is a fever of great intensity, communicable by contagion, occurring in connection with childbirth, associated with local lesions, especially of the uterine system. We may also have, during the period of the puerperium, a malarial fever, a form of disease frequently met with in women living in malarial districts, whose systems have been saturated with malarial poison. I take the liberty of quoting a sentence from Dr. Robert Barnes, of London, who says:—"We must, therefore, understand puerperal fever as *fever in the puerpera, and abandon the vain attempt to find only one definite puerperal fever*, but recognize the clinical fact that there are PUERPERAL FEVERS."

SYMPTOMS.

Puerperal fever usually commences with a chill that sets in insidiously, to the astonishment of the nurse and of all the patient's attendants. A headache succeeds the chill; great pain in the limbs; tenderness in the abdomen; temperature 102° to 104° F.; and, after a few hours, a profuse sweat follows that soon disappears, and the fever and chill return. The chill returns at uncertain periods for twenty-four or forty-eight hours (sometimes longer), when a continued fever sets in, accompanied by exacerbations once or twice in the twenty-four hours. The lacteal secretion is lessened, the breasts tender, the lochial flow diminished, and sometimes quite suppressed. The temperature of the vagina is usually high, and the thermometer placed there sometimes registers more than when placed in the axilla. In most cases diarrhœa is present, and, for obvious reasons, it is not a favorable sign. Years ago, when I was first in practice, diarrhœa seemed to be an almost constant symptom; in such cases it was usual to have both peritonitis and gastro-enteritis as complications, but in later years (possibly because the type of fever is milder), we do not find diarrhœa or enteritis so frequent. If the fever continues for some days we may have certain local complications, such as metritis and peritonitis, and there is a tendency for abscesses to form and pyemic conditions to set up.

One constant symptom of puerperal fever is a peculiar anxious and haggard expression of the face, exhibiting a slight yellowish tinge, which, together with the rapid pulse and high temperature spoken of, is especially pathognomonic of the disease, and serves to confirm the diagnosis.

ETIOLOGY.

What is puerperal fever? Is it an essential disease, *sui generis*, or is it from septic absorption? By essential, we mean that its characteristic symptoms are not due to a local cause. Is it autogenetic or heterogenetic? We cannot regard puerperal fever as exclusively a local disease, any more than we can consider typhoid fever as such. In typhoid, there is ulceration of the Peyerian glands; but this is not constant, and yet the profession regard typhoid fever as an essential disease, and not a local disease, the consequence solely of septic absorption.

The type of puerperal fever which is autogenetic may be regarded as essential, and consequently a zymotic (specific) affection; there are forms of the disease which are malignant in their nature, the result of external infection (heterogenetic), which justifies the conclusion that there are *two forms of puerperal fever*, one from auto-infection, and the other variety from external infection (septic absorption).

This expresses the accepted opinion of no less an authority than Robert Barnes and Fordyce Barker, but it is opposed by Lawson Tait, Playfair and Lusk. These latter assert that the old belief that this fever is an essential, or zymotic, affection is "unscientific," and one writer characterizes the doctrine of self-infection in puerperal fever as the "very pessimism of obstetric medicine."

We come now to the modern doctrine of bacteria.

It has been found that bacteria exist in the discharges from the diseased genital tract in puerperal fever, complicated with septicemia. This fact any practitioner can verify, if he be a good microscopist. We find microbes in gonorrhœa—the gonococci—as first demonstrated by Neisser; we find bacilli present in the expectoration of phthisis. What does all

this signify? Evidently that there are forms of puerperal fever not actually septicemic in the early stage, as there are forms of fever not of the intermittent or remittent type. Puerperal fever and its complications appear sometimes after easy labors, and again, seemingly as the result of traumatic injuries from difficult labors. Every obstetrist of large experience must have noticed cases of child-bed fever after tedious labors that were terminated by instruments, where extensive lacerations of the cervix and perineum have been produced; or in cases of narrowing of the pelvis, where the child has been drawn through the cavity with great difficulty; or in cases where craniotomy has been made; or in occipito-posterior positions, where there has been great delay in delivering the head, and the mother has suffered both from contusion and rupture. We cannot, therefore, accept the doctrine, as dogmatically asserted by Playfair, that puerperal fever is merely "surgical fever"; we may have septicemia associated with it, but there is often something before the septicemia—a puerperal constitution or condition that favors the absorption of morbific agents, so that septicemia may set in. The purely autogenetic conditions that arise within the patient are (as we understand them, and as confirmed by Robert Barnes): errors of diet, malarial emanations, emotions and passions, decomposition of retained placenta, thrombi, dyscrasiæ and bad hygienic environments during gestation or labor. Under the conditions named, a fever might set in without any inoculation of the patient with a foreign virus, and we may here venture to inquire, Would such a fever be a "surgical fever"?

The poisons that may be carried around by a medical man who has been attending a case of diphtheria, scarlet fever, and erysipelas, or who has been making a post-mortem in the dissecting room; or the poisons emanating from surgical fever, gangrene, etc., in a hospital ward, may infect a puerperal patient with a septic poison, and such a case would be one from a heterogenetic cause.

We have clinical evidence to support us in the assertion that scarlet fever and puerperal fever are interchangeable. Dr. Robert Barnes says:—"Epidemics of puerperal fever have in many instances been traced to zymotic influences, especially to scarlatina and erysipelas." Some three years since I attended a young woman in confinement, who was delivered of a premature child; two days after the delivery she was attacked with puerperal fever, and subsequently with metroperitonitis, and synovial affection of the knee-joint, with abscess, bedsores, and a fistula. She came near losing her life, and was ill from December until the following August, but she finally recovered. The cause of her attack of puerperal fever was from the infection of scarlatina. Two days before her confinement one of her children was attacked with scarlatina, and the poison of this zymotic disease was communicated to the mother.

So great an authority as the late Dr. Charles D. Meigs, formerly Professor of Obstetrics in the Jefferson Medical College, of Philadelphia, scorned the idea that puerperal fever was contagious, regarding it as a peritonitis, or metritis, but in his writings he says:—"What the real principle of this epidemic is, I believe no man can say." Many years ago a certain Dr. Rutter lived in Philadelphia, and was contemporary with Dr. Meigs. He was a noted physician, and had a very large private practice, confined to midwifery, and his clientage was said to be among the first ladies of the populace of Philadelphia. During one single year he had seventy cases of puerperal fever. It is stated that he gave up practice and left town for some six weeks, but when he returned the first woman that he confined had puerperal fever. It was subsequently proved that all these cases of the disease came from a heterogenetic cause (external infection). The infection was transmitted manually from Dr. Rutter himself, for he was affected with a bad form of chronic ozena, and the poison from this unpleasant and disgusting disease with its bad odor, was carried directly to his patients, so that he infected nearly every puerperal woman that he came in contact with. The route of contagion was, presumably, from the nose to his pocket-handkerchief, thence to the hands, and then to his patients.

One cause of puerperal fever is believed to be latent gonorrhœa in the mother. Gonorrhœa may have been contracted during pregnancy, or may have existed in a latent form before conception. In such cases, if the patient has suffered from profuse leucorrhœa during her gestation, or from chronic salpingitis, experience proves that she would be peculiarly liable to be affected with some abnormal puerperal process after delivery.

Whenever a practitioner has a case of ophthalmia neonatorum in a child, he should be on his guard and try to prevent an attack of "puerperal process" (as the Germans call it) in his patient, by using antiseptic injections so as, if possible, to keep the genital tract in an aseptic condition. It should be borne in mind that, in puerperal fever, metastatic affections are peculiarly liable to set in, *e. g.*, pneumonia, abscesses, affections of the joints, inflammation

of the skin, cellular tissue, sloughing, etc. Sometimes the fever is followed by profuse sweats (hydrosis), and in other cases a miliary eruption is developed all over the body. In such cases bed-sores are peculiarly liable to distress the patient, and, above all things, they should, if possible, be prevented.

The name "puerperal fever" is objected to by some recent writers, but I regard it as being quite as much a specific disease as is typhus fever, and all that I insist upon is, that the fever primarily comes from some toxemic condition of the blood, peculiar to women during their confinement, and I repeat what I have already stated, that it may be associated with a great variety of local affections, such as septicemia and its complications. The causes that produce this fever may be varied, *e. g.*, psychic, nervous, traumatic, or telluric influences; shock, bad hygiene, constitutional and cachectic conditions, all of which may be conjoint causes of the fever. It will make but little difference therapeutically, whether we regard the disease as an essential one, or one from external infection, because we have no specific for it, and its treatment is symptomatic. We know that we have a fever with high temperature that comes on after labor, and may associate it with local causes; sometimes we can do so, and again we cannot; therefore, the old name of *puerperal fever*, which has the advantage of expressing no debatable theory, should be retained.

For many years past, I have directed that the mattress of every woman that I attend in confinement, shall be covered with tarred paper. This paper can be purchased at any carpet house; it is not expensive, and is preferable to the rubber-cloth so long in use. I believe it acts antiseptically, and wherever it is used in the lying-in room, the chances are that septic poisons will not be absorbed. This should be explained to the woman who is to be confined, and arranged for beforehand, and the bed made accordingly. It is impervious to water and protects the mattress from all injury or soiling, and after the delivery it may be thrown away, leaving a clean and dry mattress for the patient to rest upon.

TREATMENT.

(TO BE CONCLUDED IN FEBRUARY.)

A NEW BI-VALVE RECTAL SPECULUM.

BY G. E. ALLEN, M.D.
YOUNGSTOWN, OHIO.

FAILING to obtain a satisfactory rectal speculum for the Pratt operation, I recently devised an instrument which has proven so satisfactory that I take pleasure in presenting it to the profession. The accompanying illustration gives an idea of its form and general appearance. The special features, differing from other specula, consist in the peculiar form of blades and flanges, the angle of expansion at the pivotal point, the position, angle, and the curves of the handles, their lightness, the unique and efficient device for changing the expansion, and for fastening the handles, and which combine to make a very efficient and satisfactory instrument for operations upon the rectum, such as those of Pratt and others.

I will try to briefly describe the instrument, first stating what I believe should be the qualities included in a desirable expanding rectal speculum. There should be ample expansion; it should be self-retaining, easily and quickly adjustable. When *in situ* no portion should project so as in the least degree to obstruct the view or be in the way of the operator. There should be no tendency to work outward. The speculum shown below includes all these qualities and others equally desirable.

By referring to the illustration it will be seen that the blades expand much wider at the distal than at the proximal extremity, owing to the angle of the pivotal point, also the peculiar form of the blades, making a narrow neck close up to the wide flanges. Whether open or closed it is self-retaining, as the grasp of the anal sphincter always forces it to engage the smallest point. The more it is expanded the more forcibly the speculum is drawn inward. There is never a tendency to work outward. The blades and flanges fit as though molded to the parts. The handles are placed low and curve downward out of the way, and likewise conform to the curves of the external parts in such a manner as not to draw the speculum outward, as in the case of those specula where the handles are placed at or near right-angles to the axis of the blades. The lightness of the handles prevents rotation, and by the peculiar device for fastening, the operator can with one hand instantly change the expansion, thus often dispensing with the services of an assistant.

After an extensive trial of this speculum, I am so well pleased with its performance that I commend it to all who operate in this field of work.

OPINIONS EXPRESSED.

The time has not yet come when the schools of medicine can unite.—*Dr. St. Clair Smith.*

Every man who believes that homœopathy affords the best means of curing the sick is a homœopathist.—*Dr. T. F. Allen.*

For our rights as a school of medicine we must and will contend. We ask nothing more than justice.—*Dr. John H. Henry.*

I will never submit to be examined by a body of men who are not expected to know anything about the system of medicine that I practice.—*Dr. A. P. Myers.*

I have been arrested for "practicing medicine without authority of law." I have determined not to be imposed upon, and I will stand my ground.—*Dr. Geo. G. Lyon.*

Let us be contented with our progress. Homœopathy has already so many adherents and disciples that they cannot be counted.—*Samuel Hahnemann,* (1827.)

Homœopathy will continue to increase in strength and vigor, and the title "Homœopathy" will exist a hundred years from now, more triumphant than ever.—*Dr. J. M. Schley.*

Our State Society is unanimous for obtaining from the legislature a law establishing a separate examining board, composed of homœopaths. The old school is working for a single board, with minority homœopathic representation, thus giving us, in reality, no show.—*Dr. F. A. Churchill (Seattle, Wash.).*

What I should like to see would be a change in the name. "Homœopathic" should be dropped, and "New School" substituted. Physicians could belong to the "New School" and practice without going beyond what they profess.—*Dr. Egbert Guernsey.*

I hav finally kum to the konklusion that a good reliable set of bowels iz wurth more tu a man than any quantity ov brains.—*Josh Billings.*

"Honor thy children" is a commandment which should come side by side with "Honor thy father and thy mother."—*Dr. Julia Holmes Smith.*

In drunkenness of all degrees and every variety the Church sees only sin, the World only vice, the State only crime.—*Dr. Norman Kerr.*

GYNECOLOGICAL NOTES.

The tincture of geranium maculatum is an efficient remedy in metrorrhagia.

Pulsatilla is the latest "new" remedy for uterine complaints advocated by the old school.

Pain is entirely absent in about six per cent of the cases of malignant disease of the uterus.

According to a Chicago physician the hair upon the mons veneris of a sterile woman is straight.

In the obstetrical clinic of Winkel, at Munich, creolin is now exclusively employed as an antiseptic.

The most frequent cause of subinvolution of the uterus is now acknowledged to be cervical laceration.

By far the most prolific cause of puerperal mania is a hereditary predisposition to insanity.—*Dr. Ethridge.*

Midwifery is meddlesome when we do, or attempt to do, what may be done just as well or better without our assistance.—*Dr. Tye.*

In breech presentations in my own practice I have usually employed the index finger to make traction on the groin, in preference to the blunt hook.—*Dr. T. G. Comstock.*

It is stated that Cæsarian section was a safer operation before the day of anæsthetics than at the present time, on account of the secondary anæsthetic effects.

I do not wish to be understood as being an advocate of indiscriminate laparotomy for peri-uterine exudates, or for a mere satisfaction of a diagnosis; but I want this measure limited to obstinate chronic cases, in which the very pertinacity of the exudate, even if no fever is present, indicates pus somewhere in the center of it, and makes the patient a confirmed invalid.—*Dr. Fenger.*

Tait is a skillful and dextrous operator who depends upon a diagnosis by digital exploration in a majority of cases. He removes ovaries and tubes in cases for indications which few gynecologists would be willing to accept as justifiable for such a serious procedure. His success may be attributed to: (1) Aseptic surgery. (2) Small incision. (3) No unnecessary exposure of the peritoneal cavity. (4) Perfect familiarity with pelvic and abdominal surgery, as far as the mechanical performance of operations is concerned. (5) Rapid operating. (6) Careful personal supervision in the after-treatment.—*Senn.*

COLLEGE NEWS.

BOSTON.

BOSTON UNIVERSITY SCHOOL OF MEDICINE.

Prof. Smith recommends Agaricus for hysteria from traumatism.

Prof. W. Wesselhoeft says:—Great relief is given a woman in labor by pressure upon the sacrum. This aid may be given hour after hour without fatigue by sitting at the bedside and supporting the left elbow against the adductors, and pressing the sacrum gently but firmly with the palm of the hand. Care should be taken that the clothes between the hand and back are perfectly smooth. The explanation may be that the sacro-iliac synchondrosis partakes, at this time, of the nature of a true joint and the pain is caused by the separation of the bones.

Dr. Percy suggests Œnanthe crocata in epilepsy; and Dr. Mosher reports a marked case of epilepsy much relieved by this same drug.

Prof. Woodvine says:—A patient suffering from œdema of the larynx, and unable to swallow liquids in the ordinary way, can take any liquid by lying on a lounge with the heels high and the head hanging low over the end or side; the fluid then can be easily drawn through a rubber tube from a pitcher placed on the floor.

Prof. Conrad Wesselhoeft says:—Opium is homœopathic to the following cases. (1) Abdominal typhoid: sleep with happy dreams, burning heat and red face; or unconsciousness, with happy delirium; obstinate constipation from torpor, or liquid, involuntary black stools. (2) Colic with distension of bowels, tenderness and bruised sensation, throbbing pain and protracted constipation. (3) Asthenic pneumonia, with slow congestive period, or becoming stationary at any stage, especially in the aged possessing feeble resistance to disease; moaning, rattling, short breath. But even opium will not cure, if patient is already *in articulo mortis* from heart paralysis. Dose, from a drop of the tincture to the second decimal.

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CINCINNATI.

PULTE MEDICAL COLLEGE.

Prof. Walton says:—Petroleum, 30x, for eczema about the perineum and inner sides of thighs with constant desire to scratch.

Prof. Buck says:—I have often relieved insomnia in hysterical patients by simply changing the direction of the body so that the head would be towards the north pole.

Prof. Crank says:—To sterilize milk, I boil it and add boiling water in the proportion necessary according to the age of the child; then place the whole in a patent screw-top fruit-jar which has been thoroughly cleansed. I have my sterilized milk hermetically sealed. It will keep 30 to 60 days.

Ovulation and menstruation are separate, and not dependent one upon the other. There are more ovules lost in the abdominal cavity than find their way into the uterine cavity.

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KANSAS CITY.

HOMŒOPATHIC MEDICAL COLLEGE.

Prof. Brady:—The following is of utility in diognosing incipient pregnancy. When the cervix is forced back into the hollow of the sacrum, and the body of the womb of somewhat of a jug-shape, and the pulse beats regularly and the same per minute in all positions, either lying, sitting or standing.

Prof. Hudson:—Sulphate of mercury is useful in dropsy of the chest, especially when caused from heart or liver disease. It produces a watery diarrhœa which gives great relief to patient.

Drosera, given in tincture, in dose of four to twenty minims four times a day, has effected a cure in the incipient stage of phthisis.

Calcarea carb. has a wonderful utility in epilepsy. Also for chronic effects of over-study, given rather high in most cases.

Gelsemium is given as a prophylactic for malaria in the West, with good results.

Prof. Foster says he has had very satisfactory results from Allium cepa in mother-tincture and low dilution for neuralgia of the stump.

In vicarious menstruation, when the patient just begins to expectorate blood, give Ferrum phos. and the hemoptysis will stop and the menses appear.

OFFICERS OF THE QUIZ CLASS.

President, Mary J. Green; Vice President, M. Ray; Secretary, E. L. Norris; Treasurer, E. Schoor.

IOWA CITY.

STATE UNIVERSITY OF IOWA.

Prof. Cowperthwaite reports a case of placenta prævia. The entire contents of the uterus were expelled at once; the membrane, which was very tough, was not ruptured. The placenta was attached laterally, and covered almost the entire membrane. Immediately after parturition Ergot was administered, which controlled the hemorrhage.

Prof. C. told us of a case of typhoid fever. The patient was very low, and troubled with frequent attacks of singultus. Moschus 2x trit. was given with most brilliant results after Hyoscyamus and other remedies had failed. The hiccoughs ceased after the first dose was administered

Prof. Cogswell uses what he terms "A.—M. powder" to suppress abnormal or false pains that occur two or three weeks prior to delivery. Atropine, 2x, 60 grs.; Sulph. Morphine, 30 grs.; Sac. lactis, 1,000 grs. Dose, one grain.

Prof. Dickinson uses a lotion in the treatment of rheumatism: Tinct. Acon., 1 oz.; Chloroform, 3 oz.; Alcohol, 6 oz.; mix. Saturate a flannel and apply. It stimulates absorption and relieves swelling. A lotion made of bryonia is also beneficial, 1 oz. of tincture to 100 of water.

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NEW YORK.

HOMŒOPATHIC MEDICAL COLLEGE.

Prof. Allen:—Kali Muriaticum is the only drug I know of that produces true gangrene of the mouth, with all its terrible consequences. Since it came into use at the Five-Points House of Industry, where many cases of this terrible disease are presented, nearly every case has been cured, while previously the mortality was large.

Kali Iod., in large doses, often checks syphilis for a time, but it does not cure it.

Quinia Sulph. suppresses marsh miasmatic diseases for a time, but it does not cure them.

Salicylate of soda, in large doses, often has a similar effect in rheumatism, but it does not cure it.

Colchicum, in its action in gout, is another example of this method of treatment. But it is all very unsatisfactory. The cause of the trouble is not removed, and it sooner or later crops out again. It is a permanent cure that we are after, not a temporary suppression.

Prof. McDonald: Sponge-tents cause many deaths by exciting septic cellulitis. Don't use them.

In peri-metritis the three symptoms of fever, tenderness, and pain, are apt to keep together; that is to say, no one seems to preponderate over the other. They rise or fall together.

Prof. Helmuth:—A new injection for spina bifida, for which some good results are reported, is the following:

℞. Iodine, - - - - - ℥ j;
Iodide of potash, - - ℥ i j;
Glycerine, - - - ℥ j.

M. Inject once in 3 or 4 days.

Prof. Arcularius:—1. Eczema and varicoses are apt to co-exist.

2. Remember that water is almost poisonous to some forms of eczema.

3. Eczematous diseases are apt to be accompanied by anæmic conditions of the patients. In psoriasis, the reverse is generally true, the general health remaining good when the eruption is severe.

Prof. Smith:— In the early stages of cancer, you will often relieve the burning, cutting, lancinating pains, and the accompanying anguish, by the properly selected homœopathic remedy, while your more "palliatively inclined brother" is loading his syringe.

Prof. Talcott:—As much as possible, physical restraint is to be avoided in the treatment of the insane. Of course they must be prevented from injuring themselves or others.

Prof. Deschere:—In selecting a wet-nurse for one of your patients, always endeavor to find one whose child is about the age of the one to be nursed. If the discrepancy is too great, the altered proportions of the milk make it difficult or impossible for the younger child to properly digest it.

Prof. Dillow:—When an adult person is regularly passing only about 30 or 35 ounces of urine daily, and yet no abnormality appears in the solid constituents I would have them drink more water and bring the daily elimination up to the standard (50) ounces. I believe the kidneys work better with this added amount of water.

Prof. Dowling:—Remember that prostatitis, as found in old men, is never a solitary trouble, but accompanied by changes in the kidneys, liver, bladder, etc.

The word phthisis is never properly applied, unless actual destruction and consumption of tissue has commenced.

Prof. Norton:—In the treatment of the troubles of the eyes, it is all-important that the diagnosis be carefully made. Many physicians make the common mistake of putting all eye patients into a dark room, when, as a matter of fact, there are many eye troubles in which fresh, open air is not only desirable, but almost necessary to the welfare of your patient.

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CHICAGO.

HAHNEMANN MEDICAL COLLEGE.

Prof. Leavitt's Don'ts:

Don't fail to examine the perineum.
Don't reject the use of the bandage.
Don't let the umbilical cord go unligatured.
Don't pronounce a child immature (rashly).
Don't allow a slovenly nurse to go unrebuked.
Don't immediately cut and tie the umbilical cord.
Don't allow pressure on the breasts of new-born infants.
Don't make a strenuous effort to deliver the placenta.

Don't make forcible traction on the cord to deliver the placenta.

Don't venture to assert over-maturity from external appearance.

Don't get the idea that the veil, or hood, is a special membrane.

Don't permit the placenta to remain undelivered more than an hour.

Don't put much pressure on the child's head with a view to mold it in shape.

Don't permit the nurse to wash the baby without first anointing well with oil.

Don't leave without instructing the nurse to put the child to the breast early.

Don't let the nurse wash and dress the baby until the mother has been care for.

Don't permit the woman to be left alone a single moment for an hour after delivery.

Don't withdraw the hand that has been placed in the uterus until the organ contracts.

Don't allow urinary accumulation to go on long after labor; 8 or 10 hours should be the limit.

Don't leave the house for an hour after delivery, or for several hours, if any complication sets in.

Don't forget to keep the hand on the contracting globe of the uterus for several minutes after delivery.

Don't tell a woman because she has experienced a difficult labor that she can never go through another.

Prof. Crawford says:—In influenza steam the throat with merc. cor., calendula, belladonna, and carbolic acid; if there is considerable pain, add a little opium.

That the severity of the symptoms of typhoid fever in the second week is an index to the third.

OFFICERS OF THE QUIZ INSTITUTE.

President, H. R. Boetcher; Secretary, W. L. Draper.

PHILADELPHIA.

HAHNEMANN MEDICAL COLLEGE.

Prof. Goodno recommends Graphites as a standard remedy in facial erysipelas.

Prof. Mitchell, in a paper on L. O. P. positions, gives the three following necessary requisites for the occipit to rotate anteriorly: (1) Good labor pains; (2) Strong perineum; (3) Marked flexion.

To stop the flow of milk in case of death of the child, he recommends of application of cotton laterally to the breasts, and bandage with muslin half a yard wide. He disparages the practice of rubbing the breasts in case of engorgement, but gives Belladonna 3x to relieve the congestion.

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CHICAGO.

HOMŒOPATHIC MEDICAL COLLEGE.

Prof. Woodward says:—The Muriate of iron 3x has become a standard remedy with me in the treatment of girls with arrested menstruation, and of boys with tendency to seminal emissions or copious urination at the age of puberty.

At times of severe uterine hemorrhage you need not think your only reliance is to be found in Ergot and hot-water douches. Ipecac and Nitric acid, when indicated, have been found fully equal to the emergency.

Lilium tig. is one of our best remedies for mental disturbances in women troubled with uterine affections.

In acute nephritis following scarlet fever, when there are tube casts and general anasarca, Merc. corr. should be given early, before degenerative changes have gone too far. Don't wait until you find albumin in the urine; the frequent call to urinate, the scalding urine, etc., are all premonitory symptoms of a disease which will soon become incurable if not arrested.

Prof. Mitchell says:—I know of no remedies which will cure so many cases of diphtheria as Belladonna and Kali bi.

There are very few cases of ozæna which Dobell's solution* will not cure.

Prof. Foster says:—Never use Ergot to help labor; use instruments in these cases. In after-hemorrhage is the time to use Ergot; one dose of Squibbs' Ergot, 20 to 60 drops, is generally sufficient.

Prof. Streeter says:—In the treatment of diseases of women I have found Sepia very disappointing and Lachesis "a delusion and a snare." In inflammation due to uterine displacement Belladonna comes first and foremost and will cure more cases then Aconite. I find Arsenicum very useful for inflammation in the lining membrane of the womb.

OFFICERS OF HAHNEMANNIAN SOCIETY.

President, G. P. Brady; Vice President, T. A. Hemsteger; Secretary, W. H. Amerson; Treasurer, W. L. Winnard; Directors, W. E. Witter, N. E. Winnard, C. H. Hutchinson, T. Lawton, R. H. Baker.

ST. LOUIS.

HOMŒOPATHIC MEDICAL COLLEGE.

Prof. Richardson says:—A tense, hard and hot os in the first stage of labor forebodes a hard labor. If the os is soft and cool, *i. e.*, of normal temperature, a good labor is indicated.

In the first examination always determine whether the woman is *pregnant* or *not*. This may save you a humiliating experience.

*[Dobell's solution consists of: R Sodii boratis, 1 drachm; Glycerini acidi carbolici (U. S. Ph., 1870); 2 fluid drachms; Sodii bicarbonatis, one drachm; Aquæ tepidæ. Oss. M. There are several modifications of this formula, but the one given is the only correct one. It is used locally, as a spray.—ED. ERA.]

Crede's method of expression of the placenta is valuable. By this method you grasp the uterus in the hollow of the hand through the abdominal walls, and by compressing it aid the contractions of the organ to force out the placenta, without the danger of forcing the uterus down into the cavity of the pelvis.

In kneading the uterus do not force it down into the pelvic cavity, but backwards against the promontory of the sacrum.

In making traction on the cord knead the uterus at the same time. Grasp the cord between the thumb and first finger. It can then slip and there will be no danger of a cord torn off or an inverted uterus. Never wrap it more than once around the finger. *Never* intertwine it between the fingers. Make traction on the cord only during pains, and always so that the traction will be in the direction of the pelvic axis.

Prof. Edmonds says:—Dysmenorrhœa is frequently due to a narrowness of the cervix. In these cases it may be relieved by dilating the cervical canal.

Women suffering from dysmenorrhœa are generally barren.

Caulophyllum is an excellent remedy for the neurotic form of dysmenorrhœa.

As a palliative in painful menstruation Viburnum is the best remedy he has ever tried. Give ten drops of tincture to the ¼ glass of water. Take teaspoon doses.

Prof. Goodman says:—Gelsemium is generally the remedy for the beginning of remittent fever.

Keep the patient perfectly quiet during the paroxysm. If called the first time while fever is on give Gelsemium and then select your indicated remedy.

Sponge the patient daily with slightly acidulated hot water. Do this under the covering of the bed.

Prof. Schott says:—A healthy child moves almost constantly when awake and is perfectly quiet when asleep.

That in pneumonia the child wants its head high and has great oppression of breathing, even to asphyxia. This may go on to a condition of stupor, when it will lie perfectly quiet. Such a condition is very dangerous.

In pleurisy the child does not want to move at all.

In intestinal inflammation it becomes restless before a movement of the bowels and quiet again afterwards.

That in the early part of cerebral affections the child is restless, irritable and does not wish to be touched or looked at. In tubercular meningitis, after the first few days it lies on its side with its arms folded on its breast and its knees drawn up, *i. e.*, rolls itself up like a ball.

OFFICERS OF THE HAHNEMANNIAN SOCIETY.

President, W. E. Bruce; Vice President, Max Azmun; Secretary, Emma Wilcox; Treasurer, D. E. Archer. Executive Committee, W. E. Bruce, Leona ıd Sılcch, I HLemke.

ANN ARBOR.

UNIVERSITY OF MICHIGAN.

Prof. Wood says:—There are more diseases in women arising from sexual irregularities than from any other one cause. Undoubtedly there are some diseases which are cured by puberty, but not so many as we are led to believe.

Cancer of the uterus never, or seldom, appears in women who have not borne children or gone through an abortion.

Pregnancy is about the only cure for a case of acute or chronic ovaritis.

Amenorrhœa is not a disease, but a symptom.

The stomach is probably more frequently affected, in a reflex way, than any other organ in the body.

A persistent or recurrent pain in the top of the head, or in the occiput, is said to be pathognomonic of uterine disease.

If irritation of the spinal cord be due to anemia, the patient will be relieved by a recumbent position; if due to congestion of the spine, it will be increased by assuming this position.

A vicarious, smarting, corrosive leucorrhœa indicates that the uterus is in the late stages of inflammation.

A peculiar discharge, resembling meat washings, accompanying uterine hemorrhages, is indicative of sarcoma.

Physiologically and pathologically the pelvic viscera are a unit; let one function of the generative organs become involved, and all others participate.

Prof. McLachlan says:—In deafness caused from external ear trouble, on placing the tuning fork or watch on the forehead, the patient hears the sound loudest on the affected side.

In the treatment of catarrhal conjunctivitis, argentum nitricum, in a solution of from five to ten grains to the ounce of water, is useful; it forms a protecting eschar of the albuminate of silver. Caution must be used to dry the lid thoroughly before applying, or the chloride of silver will be precipitated by the tears.

In twitching of the eyelids, when there are no other prominent indications, agaricus has been found an efficient remedy.

Prof. Vaughan says:—Ten people die from partial retention of the urine to one who suffers from complete retention.

The majority of people with Bright's disease have no pain over the kidneys.

Diabetic urine frequently gives off the odor of acetone.

Prof. Obitz says:—Water is one of the finest remedies with which to treat inflammation; it softens the wound, and is the best means of conveying heat and cold to the part.

In the use of fomentations, if you wish to keep the part moist, always put mackintosh over your preparation.

What Aconite is to the inflammatory fever, Belladonna is to the inflammation itself.

Every ulcer occurring in the integument, above the knee, if not cancerous, is syphilitic.

If a wound will not contract, stimulate it by injecting tincture of iodine or nitrate of silver, or by introducing a heated wire.

No matter how weak a patient may be, if the cause of his weakness can be removed by operating, do so at once, not waiting to "tone up" the system.

Ninety per cent of the ulcers on the leg, above the knee, are syphilitic.

The text-books say that you must never squeeze the cavity of an abscess. It is perfect nonsense; I never saw an intelligent practitioner who did not do so.

OFFICERS OF THE HAHNEMANNIAN SOCIETY.

President, D. A. McLachlan; Vice President, H. E. Hoffman; Secretary, Eva Cunningham; Treasurer, E. Klein.

CLEVELAND.

HOMŒOPATHIC HOSPITAL COLLEGE.

Prof. Biggar says:—Beware of a pain, boring like a gimlet; it is a sure sign of some malignancy.

I have good success with Atropine 200x, given three times a day, in enuresis.

In typhlitis, Hepar sulph. 3x is one of the best of remedies.

Belladonna and Gelsemium are the two leading remedies in sphincter troubles; Belladonna for the rectum, and Gelsemium for the bladder.

Where there is a sensitive condition of the female genitals, as vaginismus and vaginitis, swab the parts with nitrate of silver, 20 grs. to ℥. It takes away soreness and pain.

If you dilate the mouth of the womb a little before giving Ergot, it will increase its effect fourfold.

There are four favorable conditions for the cure of uterine fibroids: (1) Uniformity of texture; (2) Sub-mucous, with pedicle; (3) Hemorrhage; (4) When the uterus is long.

With few exceptions a sarcomatous tumor will recur unless removed when innocent.

When you find breast troubles, never forget to examine the uterus.

Prof. Phillips says:—Skill in bandaging the eye consists in getting it snug enough to prevent motion, without creating pressure.

Never syringe a suppurating trouble of the ear with pure water; add a little salt.

In blepharitis marginalis of children, where the pupil is dilated, there is generally error of refraction.

I sometimes use common alum, in granular lids, where sulphate of copper is too strong. Use it just short of producing irritation.

If there is an abrasion or ulceration of cornea, no astringent application should come in contact with it.

Prof. Miller says:—Many persons born during the rebellion, have peculiarities and dispositions due to pre-natal influences and the excitement of those days.

Prof. Baxter says:—The temperature in enteritis is not a reliable guide as to severity of the inflammation.

The peritoneum is much less liable to inflammation than the pleura.

Prof. Cleveland says:—Rhus tox. crude does not affect all persons alike, but if potentized, *all* respond to its action when indicated.

Prof. Jones says:—Diphtheria seems to prevail in localities where scarlet fever is prevailing, and these diseases may co-exist.

Kali bich. is one of the best remedies we have in diphtheria; also in membranous croup.

Prof. J. C. Sanders says:—The posterior fontanelle is called a space, but it is rather a point, and from it we can trace three suture lines.

The largest number of perineal lacerations are caused by the birth of the shoulders, and it is generally due to the haste of the obstetrician.

Whichever pole of the occipito-frontal diameter *leads first* in delivery, this must *be born first.*

OFFICERS OF THE HAHNEMANN SOCIETY.

President, Dr. H. Pomeroy; Vice President, J. T. Carter; Secretary, W. C. Du Bois; Treasurer, J. B. Stansburg.

MINNEAPOLIS.

UNIVERSITY OF MINNESOTA.

Prof. Beaumont says:—Equal parts of Aconite and Arnica used locally will abort hordeolum.

Blepharo-adenitis has one of its most common causes in refractive errors.

Euphrasia solution is almost a panacea in the local treatment of muco-purulent ophthalmia, when there is much mucous of a tenacious, stringy character; matter floats over the eye; external canthi are excoriated and red.

To use the pure crystal of copper sulphate in the local treatment of trachoma, the crystal is applied to one or two spots on the granular surface and followed immediately by an application of water to the same points. Good results depend very much on the carefulness and dexterity of the operator. The more irritable the eye, the milder should be the application.

Prof. Higbee says:—A patient coming to you with a lacerated cervix, and who has had several labors, will give a history of one difficult labor, and that it was followed by an inability to nurse her child. This will tell the gynecologist at which labor the laceration occurred.

Prof. Ricker says:—Chloroform water will relieve the intense nervous pains of round ulcer of the stomach. It is prepared by putting five to ten drops of chloroform in an ounce vial three-quarters

full of water; the bottle is thoroughly shaken and the contents allowed to settle, the water is then poured off and mixed with an equal amount of pure water. One teaspoonful should be given every fifteen minutes.

Prof. W. E. Leonard says:—Extended research shows that all cures are made by the homœopathic law of cure.

Prof. H. C. Leonard says:—An enema composed of one part glycerine and two parts water will have a good effect when other methods fail.

Dean Millard says:—The physician who neglects to give either Belladonna, Atropine or Morphine, as antidotes to each other, is guilty of malpractice.

In a case of confinement, if the patient be a member of the Catholic church, it is the physician's duty to perform Cæsarian section if necessary to save the life of the child, regardless of the mother's life; otherwise he is laying himself liable to the law.

CLASS OFFICERS, MINNESOTA MEDICAL.

President, W. E. Wait; Secretary, A. E. White; Treasurer, F. A. Carroll.

Idiosyncrasies.

IT IS SAID

That Tycho Brahe could not endure the sight of a fox.

That Erasmus always became flushed at the sight of fish.

That Marshal d'Abret could not bear the sight of a pig.

That Scaliger turned pale when he saw water-cresses.

That Volpi always had convulsions when in the presence of pinks.

That James I. always had a "qualm" at the sight of a naked sword.

That Nicanor always suffered agony on hearing the sound of a flute.

That Samuel Bayle always swooned when he heard the splashing of water.

That Vincent always had vertigo when roses were in the same room with him.

That the Duke of Eperway always fell into a state of syncope on seeing a leveret.

That Pepis always fainted when he heard the sound of a broom sweeping a carpet.

That Sir Daniel Brewster always felt a sensation like an electric shock when a cat entered the room.

The Difference.

"Old Dr. Gray was at the dance,
When Ethel said, with merry glance:
'Doctor, don't you dance the lancers?'
'No, my dear, I lance the dancers.'"

SOCIETY PROCEEDINGS.

PROCEEDINGS OF THE NEW JERSEY STATE HOMŒOPATHIC MEDICAL SOCIETY.

THE New Jersey State Homœopathic Medical Society met at Taylor's Hotel, Jersey City, October 1st, 1889. The morning session was called to order at 11:30 by the president, H. J. Anderson, M.D., of Newark.

The resolutions regarding medical legislation, which had been considered and laid on table at the annual meeting at Camden, were again discussed and referred to the legislative committee to be reported upon at the afternoon session.

These resolutions referred to the need of a law regulating the practice of medicine by providing for a "Board of State Medical Examiners and Licensers," and further recommended a national organization of the legislative committees of the various Homœopathic State Medical Societies for the purpose of securing uniform legislation on this subject throughout the country, and, ultimately, a national law. Many of the members favored immediate action to secure, at least in this State, the passage of a law that should be just and fair to homœopath and allopath alike, by providing for an examining board for each school, urging that thus the homœopaths would be freed from the reproach of continually retarding legislation for the advancement of the standard of requirements in medical practitioners; this charge being true so far as it applies to opposition to bills looked upon as prejudicial to their interests.

The Legislation Committee made the following report at the afternoon session:

Resolved, That the New Jersey State Homœopathy Medical Society favors any State legislation which shall advocate "advancement in the practice of medicine in the appointment of State Medical Examining Boards," but it insists that, in the event of such action, each school of medicine shall be equal before the law, having its separate examining board.

The committee further desired the society to clothe them with power to act as circumstances might demand.

The report was received and the desired liberty of action granted.

Dr. A. de Baun, of Passaic, and Dr. J. C. Clark, of Andover, were reported for membership by the Censors, and received by the society.

REPORTS OF BUREAUS.

Obstetrics.—"My First Two Hundred Cases in Obstetrics," by E. M. Howard, M.D., of Camden. Lacerated perineum, he thought,

occurred very often when undetected. Several births in his 200 cases were entirely painless. In 197 cases the placentæ were delivered by Crede's method and by traction immediately after the delivery of the child. Strict cleanliness is sufficient for asepsis.

After earnest and thorough discussion of this frank and able paper the society adjourned.

AFTERNOON SESSION.

Dr. A. de Baun read a paper by title, and then verbally explained an appliance of his own for use during labor, consisting of handles and ropes to assist expulsive efforts.

BUREAU OF PRACTICE.

"The Dual Similimum: The Auxiliary Use of Alcohol and Ammonia in Typhoid Fevers," by J. Newton Lowe, M.D., of Milford. The use of these two agents was discussed favorably.

BUREAU OF MATERIA MEDICA.

"Therapeutics of Zymotic Diseases," by J. Younglove, M.D., Elizabeth, an able and exhaustive paper upon the exhibition of antiseptics in certain diseases. Its reading was followed by much discussion.

"The Suspensory Bandage as a Cure for Dyspepsia," by C. A. Church, M.D., Passaic. A peculiar case of dyspepsia characterized by great dragging down in the pelvis, and accompanied by relaxed testes, was promptly cured by the use of a U. S. Army suspensory bandage. In the discussion a case of sciatica was reported as having been cured by the same measure.

BUREAU OF SURGERY.

"Anal Fissure: A Case," by F. P. McKinstry, M.D., of Washington, N. J. This condition and the numerous reflexes which accompanied and obscured the case, was cured by hyperdilatation of the sphincter ani.

Among the visitors were S. S. McKenney, from the Kings County Homœopathic Medical Society, and T. Morris Strong, from the New York County Homœopathic Medical Society, the chief of staff of the Ward's Island Homœopathic Hospital.

After the transaction of some routine business the society adjourned to meet at Trenton, May 6, 1890.

B. H'B. SLEGHT, *Recording Secretary.*

Which?

She opened wide her rosy mouth:
"I wish you'd pull these teeth, sir."
"Well, Miss, which anæsthetic, please?"
She smiled and answered, "Either."

Washington State Homœopathic Society.

A large number of representative homœopathic practitioners of Washington assembled at the Rainier hotel, December 12th, for the purpose of forming a permanent state organization. The object of the organization is "for the advancement of medical science in all that pertains to the health of the people," and exchanging views as to the best method of protecting homœopathic practice. The society will endeavor to have proper legislation adopted for the protection of medical practice.

Constitution and by-laws were adopted, and the following officers elected to serve during the ensuing year: President, G. Higbee, M.D., of Tacoma; Vice President, J. G. Gundlach, M.D., of Spokane Falls; Secretary, Charles S. Penfield, M.D., of Spokane Falls; Treasurer, F. A. Churchill, M.D., of Seattle; Censors: E. D. Olmstead, M.D., of Spokane Falls, J. N. Oberg, M.D., of Tacoma, C. M. Baldwin, M.D., of Port Townsend, A. T. Sherman, M.D., of Seattle; Executive Committee: C. M. Selfridge, M.D., of Port Townsend, E. J. Johnson, M.D., of Seattle, C. S. Penfield, M.D., of Spokane Falls, T. M. Young, M.D., of Seattle.

The following physicians were present, and are charter members: Spokane Falls—J. G. Gundlach, M.D., C. S. Penfield, M.D., E. D. Olmstead, M.D.; Tacoma—Chester A. Higbee, M.D., J. U. Obweg, M.D., N. Ross, M.D., F. R. Hill, M.D.; Seattle — Sarah Kendall, M.D., A. P. McDougall, M.D., F. A. Churchill, M.D., T. M. Young, M.D., E. W. Young, M.D., B. Meyers, M.D., L. W. Carpenter, M.D., E. J. Johnson, M.D., O. G. Root, M.D., H. G. Bagley, M.D., A. T. Sherman, M.D.; Port Townsend—C. M. Baldwin, M.D., C. M. Selfridge, M.D.; Slaughter—A. F. Hughes.

A number of names of homœopathic physicians throughout the state, who were not present, were proposed, showing that another year will see the organization under most prosperous circumstances.

The society adjourned to meet at the call of the president, in May, 1890. Immediately after adjournment the M.D.'s repaired to the elegant dining-rooms of the Rainier, where dinner was served at the expense of the Seattle physicians. It was a royal spread, and was thoroughly enjoyed by all present.

New York County Homœopathic Medical Society—New Officers.

President, Dr. Geo. S. Norton; Vice President, Dr. Malcolm Leal; Secretary, Dr. Charles Deady; Treasurer, Dr. C. S. Macy; Librarian, Dr. Charles McDowell; Censors, Dr. C. W. Cornell, Dr. H. M. Dearborn, Dr. J. T. O'Connor, Dr. Geo. M. Dillow.

BOOK REVIEWS.

Photographic Illustrations of Skin Diseases. An Atlas and Text-Book Combined. By George Henry Fox, A.M., M.D. Clinical Professor of Diseases of the Skin, College of Physicians and Surgeons, New York. Hand colored Plates. Parts IX. and X. New York: E. B. Treat. 1889.

In addition to the illustrations in Dr. Fox's work, the text is a very valuable part. It is revised so as to be in accord with the most recent knowledge in dermatology. In it, one can "study up" cases, and also obtain help in methods of treatment. It is a library in itself. The Parts under consideration deal with the rarer forms of skin diseases, leucoderma, keloid, and lupus.

Transactions of the Forty-Second Session of the American Institute of Homœopathy, held at Minnetonka Beach, June, 1889.

The annual volume reaches us containing the familiar definition of a "regular" physician. Since the method of publishing the papers in periodical literature has prevailed, the volume excites less interest than formerly, but it comprises a valuable record of the proceedings of our great National association, and as such we welcome it to its place on the shelf beside its predecessors.

The Story of the Bacteria, and their Relations to Health and Disease. By T. Mitchell Prudden, M.D. New York: G. P. Putnam's Sons. 1889.

This little book, written for the general public, presents as plainly as is possible without the use of technical language, the relation of microorganisms to health and disease, and contains many practical hints of value to the laity. The full and complete index is a commendable feature.

Announcement.—The March issue of the Medical Era will contain a paper by Dr. Chas. D. Rich, giving full and explicit directions for the treatment of all forms of cancer, according to Dr. Mitchell's method. The *technique* will be fully explained. Dr. Rich has treated many cases in association with Dr. Mitchell, and his perfect familiarity with the subject will enable him to present it to the profession in a thoroughly satisfactory manner. It will be done with the concurrence and approval of Dr. Mitchell.

The Latest from New York.

We are enabled to present this as the Era is going to press.

The following communication was sent by the Commissioners of the Board of Charities and Correction this morning:

J. Montford Schley, M.D.:

Sir: I am directed to acknowledge the receipt of your communication of January 7, and to say in reply, that this Board have decided that they will not interfere with the present organization of the Medical Board of the Homœopathic Hospital on Ward's Island

By order, G. F. Britton,
Secretary.

The foregoing was in direct answer to the following letter:

New York January 7, 1890.

Dear Mr. Porter: Our Homœopathic County Society meets on Thursday night next, and would it be possible for your Board to let us have your decision by *Thursday A. M.?* Our committee is to report then. Please keep in mind *the one* thing we petition—the removal of physicians from the staff of an institution who should not be there, and the appointment of such who are entirely in sympathy with the *great mass* of homœopathic physicians.

Yours respectfully,
J. M. Schley.

We shall await with interest the result of the Thursday night's meeting.—Ed. Era.

Doctor:—Don't fail to send us a postal-card expressing your sentiments on the issue of the day.

After having graduated at a reputable homœopathic college, do you think that a homœopath should submit to an examination by a board of allopaths before being permitted to enter upon the practice of medicine?

Shall we demand separate examining boards?

A Suggestion.—Would it not be a good plan for every homœopathic physician who takes an interest in the matter to write to Drs. Lyon and Myers, congratulating them on the action that they have taken? You may be sure that such expressions will be appreciated by them.

The December *Century* opens with a series of unpublished letters written by the Duke of Wellington, in his very last days, to a young married lady of England.

The Messrs. Tiemann & Co., of New York, manufacture Dr. G. E. Allen's rectal speculum in the most perfect manner.

Doctor (to messenger boy): "So yo' mammy say ez what de yarbs ain' done her no good? Wait er minnit." (Consults book.) "I-yi! I thought so. Ask yo' mammy how she spec' de yarbs to ack when de bill ain' paid."

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PERSONAL.

DR. W. E. GREEN, of Little Rock, was married, Dec. 3, to a Miss Ward, of the same city. A correspondent suggests that Dr. Green at last has his re-Ward.

DR. G. HIGBEE, of Tacoma, Wash., is the new president of the State Homœopathic Medical Society. Dr. C. S. Penfield, of Spokane Falls, is secretary.

DR. F. A. CHURCHILL, of Seattle, says: "When I came here, less than six years ago, I was the third homœopath in the city. When we formed our local society last month, we numbered fifteen physicians devoted to the school of Hahnemann.

ERRATUM.—In the ERA of Dec., 1889, page 366, fourth paragraph, read "one part of chloroform to two of ether."

READERS OF THE ERA

are requested to respond to the invitation on our editorial page. Send a few words on a postal-card, expressing your sentiments on the subject. Let it be in answer to this general question:—What should be the attitude of the members of the homœopathic school regarding state legislation "regulating the practice of medicine"? *Shall we demand separate boards?*

Reply without delay.

SPECIAL.—The departments of *surgery* and of *gynecology* have been omitted from this number of the ERA in order to make room for the series of valuable papers which had been announced. In future the ERA will contain its usual variety.

If this copy of the ERA *is received by any physician who is not a subscriber, or who does not wish to become one, please notify us to that effect.* In the absence of such notification we shall consider that you wish the journal continued.

THE *Annals of Surgery* has now entered upon its sixth year of publication. Much praise is due both to the home and foreign editors for the high literary standard sustained. This is the only journal published anywhere in the English language, devoted exclusively to scientific surgery, and which does not seek popularity by giving minor surgery, but rather bringing the reader up to the highest literary and practical attainments in surgery, nor does it in the least degree cater to advertisers. The numbers are profusely illustrated with fine engravings and diagrams elucidating the text. It is well worthy the patronage of all members of the profession who do any surgery. $5.00 per year; sample copies, 50 cents. J. H. Chambers & Co., St. Louis, Mo., are the publishers.

Paris Exhibition.

W. R. WARNER & Co. have received a silver medal at the Paris World's Fair, being the highest of its kind, in recognition of the following claims:

First.—W. R. Warner & Co.'s Pills, quick solubility and accuracy.

Second.—Reliability and permanency unsurpassed.

Also for Warner & Co.'s Effervescent Salts.

First.—Superior effervescing properties.

Second.—General elegance and excellence.

Physicians should be careful to specify Warner & Co.

THEY SAY

That the tender chickens die young.

That a dog never tears its own pants.

That McGinty's front name is Dennis.

That matters are approaching a crisis.

That a Chinese ringlet is a curly queue.

That it's woman's wont to have her will.

That a stuttering man often breaks his word.

That the proper place for noodles is in the soup.

That chloroform is the world's greatest composer.

That a nickel in the hand is worth two in the slot.

That a man of grit generally has a good deal of sand.

That trifles make perfection, but perfection is no trifle.

That a hog always gets right down to the root of things.

That you can never tip a waiter so that he will lose his balance.

That if time were money, tramps would be rolling in wealth.

That it takes lots of cranks to keep the world revolving on its axis.

That a healthy tongue is not the same thing as the tongue in health.

That the time has not yet come when the schools of medicine can unite.

That a poor cook is the doctor's best friend — if it is not the doctor's cook ?

That the man at the dime museum who swallows fire is really a light eater.

That it is an ill wind that blows about itself, and gives no one else a chance.

That many a man has cast a shadow on his life by standing in his own light.

That the monkey goes to the sunny side of the tree when he wants a warmer climb.

That the pen may be mightier than the sword, but what's the matter with the ink?

That the best way to raise bread is with your fingers; it is bad form to use a fork.

That the fellow in a position to do something for you, is the fellow who won't do it.

That you should never put off till next week what you ought to have done last year.

That the greatest difficulty about advice is the predominance of quantity over quality.

That half the people who are trying to get to heaven are going out of mere curiosity.

That some hotel-keepers take boarders by the week, and some take them by the neck.

That an allopath wants to practice homœopathy as he does everything else — empirically.

That it is not unusual to see punk in wood, but some people claim to have seen punk in pie.

That we all know who made man, but the devil is not yet through pulling out basting-threads.

That it's very monotonous to be rich, but there is a variety in being poor that makes one weary.

That the fellow who went to the dime museum said he now believes that this is a freak country.

That there is a doctor in Chicago who calls his oldest boy "Telephone," because he never works.

That because a lover of books is a bookworm, it does not follow that a lover of silks is a silkworm.

That when a man comes to you for advice, he only wants to have his own opinions strengthened.

That the fellow on the Eiffel tower said he was at last convinced there was plenty of room at the top.

That when electric wires are crossed, there is a conflagration, but when a man is crossed — look out!

That the only way you can get an allopath to practice homœopathy successfully is to make a homœopathist of him.

That the hardest thing in this world to do is to fall down on the ice when it is wet, and then get up and praise the Lord.

That you should always go where duty calls, but when you get there don't stand around with your hands in your pockets.

That a pup looks so mild and innocent that we are always apt to think it a little better than the rest of its race, but it always grows up to be a dog.

That a man at Blissfield, Mich., accidentally put a small cartridge into his pipe along with some tobacco. The doctors are going to try to make an artificial nose for him.

THE MEDICAL ERA

COMBINED WITH THE MEDICAL COUNSELOR. DEVOTED TO HOMŒOPATHY AND THE ALLIED SCIENCES.

VOL. VIII. CHICAGO, FEBRUARY, 1890. No. 2.

EDITORS:
CH. GATCHELL, M.D.,
D. A. McLACHLAN, M.D.

This association shall be styled the AMERICAN INSTITUTE OF HOMŒOPATHY, and *its object the improvement of homœopathic therapeutics and all other departments of medical science. — Constitution, Article I.*

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

It meets at Waukesha, Wisconsin, in June, 1890.

It is not too early to call attention to the next meeting of our National organization. Those who intend to go, should take thought. Those who have no present intention of going, should consider whether it may not be to their advantage to do so.

The initiation fee is two dollars; the annual dues, five dollars. The latter sum entitles each member to a copy of the annual "Transactions," a large octavo volume of about eight hundred pages, containing all the papers, published in full, and much other matter of interest.

Consider whether it may not be well to attend the meeting.

WHAT ALLOPATHY REALLY IS.

It is fortunate for the progress of medicine that this division into schools is now only nominal, and that the practice of the healing art is conducted after the same general principles by homœopaths and by those they call allopaths.—*New York Sun.*

The chief fault to be found with the above statement is that it is not true.

But it is about as close to the facts as the laity ever come when attempting to discuss matters medical. It is doubtful whether the writer in the *Sun* knows whether his liver is above or below his diaphragm, and it is certain that he does not know the difference between the ventricles of the heart and the ventricles of the brain. His knowledge of general medicine is as deficient as is his knowledge of his own anatomy. The statement that he makes is absurd. There is no truth in it.

A man who practices medicine to-day on allopathic principles is an allopath. And the methods of the traditional school are now as allopathic as they were when HAHNEMANN first applied to them the term. Webster says:

AL-LOP-A-THY, *n.* That method of medical practice in which there is an attempt to cure disease by the production of a condition of the system either different from, opposite to, or incompatible with, the condition essential to the disease to be cured.

The practice of the old school is to-day conducted according to the method here stated, and one who asserts the contrary simply shows his ignorance. It is in order to produce a condition of the system either "different from, opposite to, or incompatible with the condition essential to the disease" that they give morphine for all kinds of pain, sulfonal for insomnia, antipyrine for fever, bismuth for gastric acidity, pepsin for impaired digestion, cathartics in constipation, "expectorants" in bronchitis, and so on through the whole list.

Unless homœopathic physicians conduct their practice after this order, then the statement that the "division into schools is now only nominal" is false. And to state that homœopaths do so is a libel.

Ask the homœopathic pharmacists if they are not selling more aconite, belladonna, bryonia, rhus, arsenicum, veratrum and the other great remedies introduced by HAHNEMANN a century ago — remedies the application of which have saved millions of human lives;— ask them if they are not selling more than they

ever did before. They are selling more because there are more homœopaths to use them, and because homœopaths *do* use them.

It is as true to-day as it ever was, that for the pain of cerebral congestion the homœopath gives belladonna; for the pain of pleuritic inflammation, bryonia; for the pain of enteralgia, colocynth or veratrum; for the pain of cardialgia, cactus or spigelia, and so in all diseases. On the other hand, the allopath, true to tradition, gives morphine for all these, and thus justifies his name.

As further evidence in support of our claim we take pleasure in presenting the following correspondence:

Centralia, Ill., Dec. 30, 1889.

To the Medical Era, *Chicago, Ill.*

Dear Doctor:—I am a graduate of "Rush," of Chicago, but, after twenty years of allopathic practice, always *unsatisfactory*, I began the study of Homœopathy. "It is hard to teach an old dog new tricks," but no harder than it is to teach an old allopath the "better way." But I have progressed far enough to so essentially modify my practice that it is much more satisfactory to myself, and, I verily believe, more satisfactory and *beneficial* to my patients. I will still go forward, and, in order to assist me, I have chosen the Medical Era.

Yours fraternally,
J. G. Munselle.

In response to a request, Dr. Munselle sent us the following:

Dear Doctor:—You are at liberty to publish any part of my letter. I use no concealment. All know how I stand, and already an allopath brother has refused to have me called in consultation, because I "sometimes use homœopathic medicines." When I see really good men wax indignant because I give my patients pleasant medicine, I am led to exclaim, with Hamlet—"What a piece of work is man! how deficient in reason, how finite in faculty,"——and, on general principles, what blanked fools!

Please pardon inelegance of diction, and believe me,

Yours fraternally,
J. G. Munselle.

Here is language unequivocal, and testimony unimpeachable. Who should know that the division into schools is *not* merely nominal, if not the man who practiced the allopathic method for twenty years, and now has made the acquaintance of the homœopathic? Added to this, there is the testimony of several thousand homœopathic physicians of the day who, like Dr. Munselle, began life as allopaths.

The case is clear.

And now we ask, Is it not better, far better, for us to go on, as we have been going for almost a century, open the undeveloped riches of our materia medica, establish it upon a firm and lasting basis, build up a mighty school which the allopaths shall be bound to respect, and which shall have the power to convert them from the error of their therapeutic ways, than it would be to relinquish now the work which Hahnemann gave us to do, and call upon our traditional enemies to assist?

Shall we maintain our position, or shall we permit the *Guernseyites* to deliver the homœopathic school into the hands of the allopaths, as they have already delivered themselves?

Which shall it be?

SHALL THERE BE SEPARATE BOARDS?

The answer is, Yes!

From all parts of the country responses have come to our request for expressions of opinion. In the replies, we would call attention to the fact that the views expressed are, with a single exception, those of what may be called the "rank and file" of the profession. The "country has been heard from." It is the voice of the homœopath who has earned his diploma at a reputable and *regular* homœopathic college, and who, as a matter of pride and of right, is opposed to submitting to an examination by a board of allopaths, be they hostile or not. It is a question of civil rights. There is no justice in it. For this reason alone, the independence of our school should be maintained.

ALABAMA.

The Alabama question is settled.

Any homœopathic or other physician who has an earned diploma may practice his profession in the state of Alabama without interference.

The Supreme Court has *not* pronounced the state law to be unconstitutional, as some have averred, but it has been shown to be defective; it is prohibitory, but contains no penal clause.

Alabama is said to offer many good locations for homœopathic physicians, and it would be well for them to go in and possess the land before the allopaths attempt, as they are very apt to do, to have the present law amended.

The gate to the Alabama pasture now swings inward.

APHORISMS ON NURSING.

It is true

That nursing is helping the patient to live.

That fear of dirt is the beginning of good nursing.

That half the battle of nursing is to *think for the sick.*

That bedsores are a symptom of nursing rather than of disease.

That in nine cases out of ten "feverishness" is a symptom of bedding.

That the first canon of good nursing is to keep the air pure without chilling the patient.

That nursing is putting the patient in the best possible condition for the restoration of health.

That a patient should perceive the nurse's presence only by perceiving that he has no wants.

That good nursing demands the recognition of the fact that air can be soiled as well as water.

WITHOUT COMMENT.

The matter which we present below, and which we have taken from the January number of the *North American Journal of Homœopathy*, we present for the consideration of the readers of THE MEDICAL ERA. The first letter consists of a communication sent to DR. HILLS by the Secretary of the Medical Society of the County of New York (allopathic). The second is DR. HILLS' reply.

October, 1884.

Meeting of the Comitia Minora.

Present Drs. Vander Poel, Smith, Carpenter, Douglas, Avery, Webster, Sturgis, Horner, Lewis and Drake.

The application of Alfred Kimball Hills and Arthur Thomas Hills, which had been referred back to the Comitia for their investigation, were then taken up, and the Secretary read the following questions, which he had addressed to each applicant, and to which he had received the answers hereunto attached:

1. Have you resigned from all homœopathic medical organizations?
2. Do you propose from this date (September 27, 1884) forward to practice medicine without sectarian designation?
3. Are you willing to be governed professionally by the by-laws and regulations of the Medical Society of the County of New York?
4. Are you an editor or an associate editor, or in any way connected with a homœopathic medical journal?

465 FIFTH AVENUE,
NEW YORK, Oct. 2, 1884.

WESLEY M. CARPENTER, M.D., *Secretary, etc.*

DEAR DOCTOR:—Your letter of September 27th, making certain inquiries personal to myself, has been received, and I beg to reply as follows:

First. That I have long since resigned membership in all so-called homœopathic societies.

Second. That I do not propose to practice in future, and have not in the past, practiced medicine with sectarian designation.

Third. Should I be elected to membership in the Medical Society of the County of New York, I am willing and expect to be governed professionally by the by-laws and regulations of said Society.

Fourth. I am not an editor or an associate editor of any homœopathic medical journal.

It has always been my aim to practice as a physician in the broadest acceptance of that term, without partisan prejudice or bias, weighing all things and holding fast to such as seemed to me reasonable and good. In my ethical relations with others I try to be governed by the precepts of the "golden rule."

Fraternally yours,

ALFRED K. HILLS.

THE INFLUENZA.

The epidemic is now passing into history. It will long be remembered by physicians, and by its victims — those who have survived.

In character it has not differed materially from former epidemics, the accounts of which may be found in the literature of the day. Its most notable symptoms have been the severe and excruciating pains in the head and the back, and the extreme prostration and debility accompanying and following the attack.

In uncomplicated cases recovery has been the rule. But there is no doubt that many people have fallen victims to broncho-pneumonia, occurring as a sequel to the original disease. Usually such cases go off in the spring. Death's harvest has come earlier in the year.

The treatment, in the hands of homœopaths, has been eminently satisfactory. The specific remedy has, in each case, been the indicated remedy. In the empirical school the situation is best expressed by one of the most frank allopaths in this country, the editor of the *Medical Record*, who says:

The only new therapeutic points which have been developed are the good effects obtain by the use of the new synthetic drugs. We cannot see that any one of these possessed any peculiar advantages over its rivals as far as actual curative effects are concerned; but, as might be expected, the latest and most fashionable was the favorite, and the most loudly praised.

This tells the whole story.

XXV.

THE DOCTOR TALKS.

"Have you read," asked the Doctor, "of the latest sect in medicine?"

"I don't know whether I have or not," I replied. "What is it?"

"Well," resumed the Doctor, "the latest candidate for favor in the sectarian line is the 'New School,' a sect which consists of about 'steen physicians down in New York — with half as many scattered ones in various parts of the country — led by Dr. Egbert Guernsey, its illustrious founder. The sect is still young, as indicated by its name, but there is no denying that it is vigorous enough to create the usual amount of commotion. For the establishment of other sects there has generally been some sort of excuse, but this product of ectopic conception can boast of no *raison d'être* that I have been able to discover in the biggest dictionary that I could borrow. Homœopathy, even if it had not been driven to effect a separate organization, has a distinctive principle; the eclectics and physio-meds have peculiar methods of practice; and the 'regulars' can point with pride to a long line of ancestry as justification for their habit of gathering their skirts about them and holding their noses at an angle so elevated as to indicate that there are bad odors in the region of their feet. But for the establishment of this new sect I can find no parallel in history. The *Guernseyites* claim to be as homœopathic as the homœopaths, as eclectic as the eclectics, and as regular as the 'regulars.'"

"Then what are they making so much fuss about?" I asked.

"That is what I am trying to explain to you," said the Doctor. "And if you won't interrupt I shall soon be through.

"So far as any one has been able to discover, the trouble all seems to be in the *name*. They are not satisfied with any of the names the other sects have selected. I presume it is because they were not consulted at the time of the christening, and were not called upon to perform the god-father act. For they pretend that it would give them eminent satisfaction if the several sects would abandon the names under which they have done business for fractions of centuries, and adopt the one which they have devised. If this were done, they claim that they would then be able to get the wind off their stomach and turn over and go to sleep."

***

"What they think would be gained by the plan, I am at a loss to know. I can imagine that some great and learned judge — one who had looked into the matter thoroughly, and who had heard the evidence on both sides — might put the high priest of the *Guernseyites* on the witness-stand, and examine him somewhat in this manner:

Judge. "'Now, Dr. G., you may state to the court what it is you desire.'

Dr. G. "'What I should like to see would be a change in the name. 'Homœopathic' should be dropped, and 'New School' substituted.'

Judge. "'Is there anything else?'

Dr. G. "'I propose to do away with all sectarianism in medicine.'

Judge. "'In what way?'

Dr. G. "'By changing the name of the homœopathic school.'

Judge. "'Would you require any change in the method of practice?'

Dr. G. "'No; I would permit every physician to practice as he pleases.'

Judge. "'Is it not a fact that all physicians do so under the present order of things?'

Dr. G. "'Yes; and of that I highly approve.'

Judge. "'Then what would you accomplish by this change that you propose?'

Dr. G. "'I would accomplish a change in the name.'

Judge. "'Do you think that a homœopath, by any other name, would smell as sweet?'

Dr. G. "'Yes, your honor; and a mighty sight sweeter.'

Judge. "'Have you a very large following in this matter?'

Dr. G. "'Yes, your honor.'

Judge. "'How many are there of you?'"

Dr. G. "'Well, there's me and another little girl, and an allopath on the Board of Commissioners.'

Judge. "'Well, it is the opinion of this court, Dr. G., that your case is a very frivolous one. The change that you propose would not do away with sectarianism at all. Everything would remain as it is. Names are nothing but signs. They exist only in the incorporeal air. As acts speak louder than words, so are schools of medicine to be judged by their methods of practice, and not by their names. A name may be appropriate, or inappropriate, but, after all, it is nothing but a name. The name "Homœopathic" seems to us to be a highly appropriate one for a school composed of a body of men whose practice is made up, for the most part, of an application of the homœopathic law. The fact that, in some instances, other methods of treatment are employed, does not invalidate the argument. It is customary, and

properly so, to give descriptive names to things according to those elements or parts which largely predominate in their composition. The air is the air, notwithstanding there are many things besides oxygen and nitrogen in it. The government is at the present time building for our great American navy a number of vessels which are called 'steel cruisers.' Now, this does not mean that the vessels are composed entirely of steel, for many other things enter into their structure; but steel is the material which largely predominates in quantity, and the material which distinguishes these vessels from all others; hence, as a descriptive term, it is properly applied to these '*steel* cruisers.' Now, I have heard evidence on the other side which satisfies me that in the practice of the homœopaths the homœopathic method largely predominates, and, under the circumstances, their present name is highly appropriate and perfectly proper.'

"'Even if this were not so, the name which you propose—"New School"—is not well chosen. A school which was founded almost a century ago, cannot be said to be a *new* school. You have made a very unhappy selection, which gives evidence that the whole matter, as it exists in your mind—for that is the only place in which it has any existence—is altogether vague and chaotic. If there were any substantial foundation for your position, you would not have fallen into such an error. Even though it be true that there is an older school than the homœopathic, yet the latter is certainly old enough not to be christened with a new name at this late day. It is customary to give names to babes, because they are not capable of choosing for themselves, and, if left nameless, they might get lost in the general shuffle; but when one has reached his majority, to say nothing of being a centenarian, a proposition to change his name is most astounding. Moreover, it is a highly suspicious act: it suggests "sailing under false colors," and various other illegitimate things. At the Tombs, in this city, when a party is brought before us having a new name, it is generally accepted as evidence that he needs close watching.'

"'Now, for the reasons that I have stated, and for many others that occur to me, I cannot accept your plea. I will close by making a personal application of the matter. Supposing that the homœopaths should come before this court with a complaint against you to the effect that you were stirring up unnecessary strife; that you had been untrue to the trust reposed in you; that you had become disloyal to the organization; that you had ceased to be a worthy representative of their interests; and, for all these various reasons, they desired this court to restrain you, and to render you powerless for further harm by *changing your name?* Supposing they should present such a case? We should have but one duty left us. We should tell them that the remedy sought is no remedy at all; that, even though we should accede to their request, nothing would be accomplished by it. If by decree your name should be changed to Dr. X., instead of Dr. G., things would continue as they are—you would still be the same party, with the same passions, the same motives, the same understanding, and the same desire to kick up a muss and possess the earth. Under the *new* name, you would smell as sweet—but no sweeter.'

"'The case is dismissed.'"

* * *

"This," continued the Doctor, "is in accordance with my view of the whole affair. It is the most trivial and senseless thing that I ever heard of—to make such a fuss because twelve thousand physicians will not abandon the name by which their school has for a century been distinguished, and accept in its stead the one chosen for them by the leader of the *Guerneseyites*—the latest sect in medicine. The whole thing I have embalmed in verse, and propose having it set to music. Here it is."

These are the Doctor's verses:

SONG OF THE "NEW SCHOOL."

O, Dr. Egbert G.,
Says he to himself, says he,
"I'll start a 'New School,'
"By the golden rule,"
Says Dr. Egbert G.

Then Dr. Egbert G.
Called his disciples three,
And agreed on a name
For the child of fame,
Did Dr. Egbert G.

Then Dr. Egbert G.
Appealed to the country, he:
"You may bet your sweet life
"That I'll stop all this strife,
"If the world will be guided by me."

Then Dr. Egbert G.,
Says he to the world, says he:
"You must drop all the texts
"Of your various sects,
"And take one invented by me."

Then Dr. Egbert G.,
In haughty majestie,
Got down from his throne,
And walked off all alone,
Did Dr. Egbert G.

Then Dr. Egbert G.
Looked back for the crowd, did he.
But they paid no attention
To the new invention
Of Dr. Egbert G.

Then Dr. Egbert G.,
Says he to himself, says he:
"Though I can't rule the roost,
"Yet it's been a big boost
"For Dr Egbert G."

All of which is truthfully reported by

SELAH.

ORIGINAL ARTICLES.

Contributed to The Medical Era, *Department of Gynecology.*

PUERPERAL FEVER; OR TOXEMIC PUERPERAL DISEASE.

By T. GRISWOLD COMSTOCK, A.M., Ph.D., M.D.,
Master in Obstetrics (Vienna),
ST. LOUIS.

[Read before the Southern Homœopathic Medical Association.]

TREATMENT.

PREVENTIVE.—1. Cleanliness on the part of the medical attendant. 2. Cleanliness and perfect hygienic conditions of the environment of the patient. If the medical attendant, when called to attend a case of labor, is treating a case of erysipelas, diphtheria, scarlet fever, or gangrene in a surgical ward, or infectious typhoid fever, he should not presume to go into the lying-in chamber, unless he previously uses antiseptics upon himself and changes his clothing.

If the lying-in room is badly ventilated, and subjected to any influences that may propagate a zymotic or *enthetic* disease, the patient should, if possible, be removed from all such baneful influences and surroundings.

Soon after the patient is delivered, she should be carefully cleansed, and the nurse should use for this purpose only new sponges that have been saturated with a solution of sublimate, 1:1000, and all the rectal and vaginal tubes, bed-pans and catheters, should be dipped in the same solution.

If the woman is contused or lacerated, applications of non-alcoholic Calendula should be made at once, and soon after the delivery the vagina and all surrounding parts should be washed out with warm water and non-alcoholic Calendula; and later, from time to time, as the case may require, with warm water, to which may be added either a little listerine, a two per cent solution of carbolic acid, boro-glyceride, or a solution of thymol, 1:1000. I take this opportunity to mention creoline, which I have been using lately in puerperal cases, one teaspoonful of creoline to a pint of water. It is a reliable antiseptic, and in the German hospitals in Munich, it has displaced corrosive sublimate.

Whenever the limbs or hands of the puerperal woman are washed, water containing a little of one of the above solutions should be used for the first two or three days, or until all danger of infection has passed.

If endometritis sets up, and there is a purulent and bad-smelling discharge from the uterus, clearly indicating a septic condition, intra-uterine irrigation may be used by the practitioner himself. For this purpose I prefer Nott's catheter, a double-current instrument, attached to a fountain syringe.

Some practitioners use a single-current tube, and where this is employed I recommend Chamberlain's tube, which will be found quite practical, if the double-current tube should not be obtainable.

The reservoir of the syringe may be filled (one to two pints) with solution of listerine, a hot solution of thymol, 1:1000, or sublimate, 1:8000, and the injection may be made once daily; in some cases it will be necessary to give this injection twice daily.

If the patient has had any symptoms of albuminuria during her gestation, or is suspected of having any kidney affection, use no injections containing any mercurial. As a fixed rule in gynecological practice, in the absence of sepsis, use no intra-uterine injection containing sublimate, but plain hot water or salt water. Remember that intra-uterine injections are attended with undoubted dangers, and they should only be employed in the puerperal state when absolutely necessary. In my own practice, I have never seen anything but good results from their use, but I employ them with extreme caution, only in well selected cases, and never intrust them to nurses.

Special Remedies.—There are a few remedies that I shall mention, but they must be given in accordance with the symptoms for each, as may be found in the Materia Medica.

Aconite may be used at first, when the patient has a high fever, with bounding pulse, great excitement and restlessness; a dose every half hour. I generally use the tincture, adding four drops to a half-glass of water, and give two teaspoonful doses. Other practitioners give the third attenuation, and I have seen the remedy in that dose produce excellent results.

Veratrum Viride.—In former years I was in the habit of giving Veratrum viride in tincture, two to four drops every hour in the onset of the fever, especially where there was a high pulse —120 or more. This is a remedy to be used with extreme caution.

Belladonna, Bryonia, Arsenic, Nux Vomica, Muriatic acid and Rhus tox. may all be found useful when prescribed according to the symptoms for each.

Baptisia, if the breath is fœtid and the lochial secretions especially offensive. *Turpentine* for tympanitis, with profuse and uncontrollable diarrhœa. The dose should be three drops every hour or two, given in emulsion.

If the disease sets in with a severe chill, followed by intense fever and sweats, Quinine is

indicated, and it may cut short the progress of the attack. There is a form of malarial remittent fever that comes on after labor, and if it is not checked or cut short, it will develop into a fever which bears the likeness of real puerperal fever; in such cases Quinine is indicated.

I do not wish to be understood as restricting the use of Quinine only to the first stages of a malarial remittent fever in a puerperal patient; it is often indicated in slow puerperal fever, when attended with remissions and exacerbations once or twice in the twenty-four hours.

Diet.—In this disease I prefer milk, beef-broth, clam-juice, toast, and such other nutritious food and drinks, properly selected, as the patient desires.

Carbonic acid water, out of a syphon bottle, will be found very grateful to the patient, and will greatly alleviate thirst and nausea.

Frequent draughts of hot water should be given for the nausea, and they will be found to give material relief to the patient.

Alcoholic Stimulants.—In the septic and malignant forms of puerperal fever, I would especially recommend alcoholic stimulants to be given freely. In an article of mine on "Malignant Scarlet Fever," that was published in the *New York Medical Times*, March, 1885, I advocated the use of alcoholic stimulants, and I take occasion to add that clinical experience for four additional years since the article was written, has confirmed me in the utility and safety of this practice. In the worst forms of puerperal septicemia, as well as in malignant scarlet fever, with a temperature of 105° F., and pulse of 120 and more, I give whisky every hour or two, to keep up the strength and to assist nature to eliminate the poison.

It has been shown by physiologists, that alcohol, under certain conditions, possesses an antipyretic action. It cannot be relied upon to abate ordinary febrile excitement, but we have much clinical experience to prove that it moderates septic fever. We know that alcohol lessens the oxidizing tendencies of the red corpuscles of the blood, diminishes the sensibility of the brain and nervous system, and renders the poison of septicemia and scarlet fever less intense and energetic, so that it cannot act so deleteriously as it does when no alcohol is administered.

The celebrated German physiologist, Moleschott, says, in his quaint language, "Alcohol is the savings-bank of the tissues." I know from experience that alcohol acts favorably against the inroads of *necrotic* processes, such as we are liable to have set up in septicemia, scarlatina, and diphtheria.

In a lecture delivered recently before the Berlin Society of Obstetrics, Prof. Martin mentioned anew the favorable action of alcohol on the course of puerperal fever. As this is a matter of great importance I shall take the liberty to quote from Prof. Martin. He says:

"The administration of alcohol in puerperal sepsis was first recommended by Prof. Breisky, of Vienna, and eleven years later was again taken up by Runge, and thoroughly discussed in several communications. Dr. Martin, whose cases were for the most part in private practice, complains that most of the cases of puerperal sepsis in private practice are brought to the physician's knowledge for the first time when the infection has already become general, and when the prospects of local treatment are less favorable. He communicates an account of eighteen of the cases in which the administration of alcohol had been possible. Five of these died. The cases were of extraordinary severity, in which the treatment with alcohol was begun for the first time when the fever raged for a week, and the patients had been weakened by severe complications. Thus, there existed in several cases, which finally ended in recovery, purulent perimetritis, ichorous decomposition of the ovum, pyemia, in one case a panophthalmitis and purulent destruction of a hip-joint; three of the cases were reckoned as of pyemia, and fifteen as of septicemia. Four of the eighteen patients were taken sick in connection with an abortion, and the other fourteen had given birth at the end of normal pregnancy. In four cases local treatment was employed in addition to the use of alcohol, while in the other cases no advantage was to be expected from local treatment, except as disinfecting washes. The alcohol was given in the form of Cognac, rum, Burgundy, Bordeaux, and southern wines, for the most part mixed with champagne; the most concentrated food was also given. It frequently required, however, energetic persuasion on the part of the physician and of the attendants to induce the patients to take the spirituous drinks, which often had to be changed. When diarrhœa occurred the alcoholic stimulants had to be given with caution, and changed frequently. In one case, which is given in detail, the patient took, within a period of six weeks the following: 17 bottles of Cognac, 13 of Burgundy, 37 one-half bottles of champagne, 4 bottles of other wines, and 6 bottles of porter. Martin says that the effect of the alcohol consists in a strengthening of the heart's action and in the increase of the resisting power of the individual against the ravaging action of the infection."

Where there is peritonitis as a complication, and the patient suffers untold agony, I am certain that I have saved the lives of such patients by an occasional hypodermic injection of morphine. In such cases the pains of the poor woman are sometimes so intense that humanity dictates that we should give her temporary relief by a hypodermic. In my experience I have never seen anything but good results from the judicious use of this remedial measure. We must bear in mind that we have a fearful disease to combat, and it is our duty to do everything to *alleviate*, as well as to cure, our patient.

Hot water applications, by applying hot cloths, give great relief in peritoneal inflammations, or in abdominal or uterine tenderness.

The condition of the bladder should be carefully watched and the urine drawn off by the catheter if it cannot be passed naturally.

I have seen in practice a marked case of a distended bladder filled with urine mistaken for a metritis. Its timely discovery saved the life of the patient, as nearly two quarts of urine were evacuated by the use of the catheter, when the poor woman experienced immediate relief, and speedily convalesced.

In consultations, I have occasionally found the bladder of a puerperal woman entirely neglected, and as soon as the urine was drawn off by the catheter the patient at once improved.

In some cases of puerperal disease attended by fever, when there is a bad-smelling discharge from the uterus, with all the symptoms of a metritis or metro-peritonitis, we may find that portions of the placenta have been retained. In such cases, curettement of the uterine cavity is necessary. Introduce the blunt curette, having previously covered it with iodoform, and carefully remove any remains of the placenta that may have been retained. Sometimes it may be necessary to use the sharp curette, if there are pieces of the placenta situated high up, which cannot be detached with the blunt curette.

After using the curette, then an intra-uterine injection of hot water and thymol 1:1000, or any other antiseptic, such as we have mentioned above, may be used.

If the discharge remains still offensive, the vagina may be lightly packed with iodofrom gauze, and this may be repeated frequently until the offensive odor has quite disappeared.

Refrigeration.—In a paper on "Puerperal Fever," that I published in 1884 in the *New York Medical Times*, I have spoken of Kibbee's cot as very practical for puerperal patients, and so arranged that we may handily apply refrigeration to the patient by using cold water compresses, or by sprinkling frequently cold water for some time, over the abdomen.

Another practical method for reducing the temperature is by the use of the cold-coil—it is known as Leiter's Vienna Coil; this may be filled with iced-water, and applied over the abdomen.

Refrigeration is to be used especially in cases of very persistent fever, that seem to have baffled all other remedies.

It is very probable that some may say that for many years they have seen neither a case of child-bed fever nor of septicemia. I grant that this may be true, and with our increased knowledge and experience we should almost stamp out septicemia. With the experience of a large midwifery practice, I have seen only two cases of septicemia during the past eighteen months.

Conclusions.—1. Puerperal fever or toxemic puerperal disease is peculiar to the lying-in woman, and therefore appropriately named.

2. The essential causes of the disease are entirely unknown to us, but we know that there must be some abnormal conditions of the blood which, together with epidemic influences, external infection, psychic conditions, emotions, shock, traumatic injuries coming from lingering and instrumental labors, may, singly or conjointly, favor the development of the disease.

3. Puerperal fever may be so severe as to exhaust the patient rapidly and terminate fatally within from two to four days, and "there are cases where it is impossible to discover the exact cause of the infection, or its location. Not every parturient canal is a traumatic channel."

4. Local inflammations may affect women in confinement without puerperal fever.

5. We agree with Prof. Barker that septicemia may be developed in a puerperal woman either from autogenetic or heterogenetic infection, without puerperal fever, but such an infection is usually a complication of puerperal fever.

6. If it be true that puerperal fever is an essential disease, then we shall have to concede that a specific and contagious disease may, under certain circumstances, follow parturition. It should, therefore, be the duty of every obstetrist to give the patient he is engaged to attend, careful advice to observe the rules of hygiene and to take a well selected and nutritious regimen, so that her constitution may be well prepared and fortified to undergo the trials she will be subjected to during the puerperium.

7. The opinion current among some of the profession that puerperal fever only occurs after severe labors, is not true; in some cases it sets in insidiously after a normal and easy labor, and this apparently prôves that women in confine-

ment are peculiarly sensitive to certain unknown noxious influences that may cause a fever zymotic in character.

Note. — Women suffering from puerperal fever, are liable to have puerperal insanity, especially if there exist any hereditary cause for the same; or if they have been subjected to certain physical influences that may have produced in them psychic derangements, mortification, or melancholy. Puerperal insanity is liable to come on after concealed pregnancies, and labors with illegitimate offspring.

Before closing this address, I shall take occasion to mention a new remedy that may be found useful to combat some of the serious complications that occur in puerperal diseases. This remedy is Antipyrine. In Allen's "Handbook of Materia Medica" is a proving of the drug. Its action is to produce sleep, allay pain, reduce the temperature of the body and cause perspiration. In some cases of puerperal fever with intense pains in the head, as also restlessness with pains in the limbs, an erythematous rash, and a temperature that does not yield to other remedies, Antipyrine in five-grain doses may be cautiously administered. Favorable experience with this medicine in other febrile affections warrants us in making mention of it as worthy of trial in puerperal diseases.

507 N. Fourteenth Street.

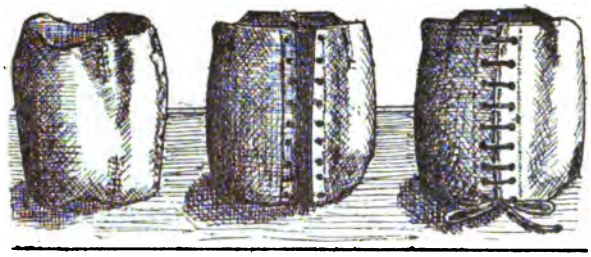
A LEATHER JACKET FOR SPINAL CURVATURE.

By G. F. WASHBURNE, M.D.,
Chicago.

A FEW years ago a boy was brought to my office for the purpose of having a plaster-of-Paris jacket removed and another one put on in its place. This was the first time I had seen him, but upon inquiry his mother said that he was four years old, had worn the jacket two months, and for the past two weeks had lost all control of his lower extremities, owing, as she expressed it, to that infernal jacket.

As it had been applied by an old and experienced surgeon I had some misgivings as to being able to improve upon it. Still it was evident that something had to be done to give support to the body, and it was necessary to find a material light, firm and durable to substitute for plaster-of-Paris, for the latter was doing more harm than good. Here was a fine chance to experiment. In conversation with Dr. R. N. Foster, I found that he had had considerable experience with leather as a means of immobilizing injured joints, although he had never used it in the form of a jacket, and that he thought it would answer all the requirements for, and possibly be an improvement upon, the plaster jacket. Upon this suggestion I set to work to make one, and have since had several opportunities of verifying his opinion. While no one can question the great benefit derived from the plaster jackets, yet it is a decided objection that they are necessarily so heavy, cumbrous, warm and generally uncomfortable; also that they require such frequent removal and reapplication, owing to the continual wearing and sweating to which they are subjected. The leather has no such objections and will wear as long as the individual, if necessary—at any rate until growth and development demand a new mould. The laces in front, to be presently described, will regulate any slight disproportions, besides admitting of the jacket's removal at will.

To make a jacket, the first thing required is to take an impression of the deformed body, using either plaster-of-Paris or a starched bandage. The latter is preferable because of its easy manipulation after "setting." The same rules are to be observed as in applying a permanent plaster jacket, namely, extension of the body, provision for a full stomach, etc., taking care that the bandage doesn't come too high under the axillæ, and also that there is room left for free play of the hips as shown in the illustrations. Remove in about twenty-four hours by cutting straight up and down anteriorly. Join together the two cut edges with adhesive strips. Set the model on end and pour in plaster-of-Paris until the mould is full. In a few hours peel off the starched bandage layer by layer till the cast is perfectly free. Trim and smooth the latter without too great a sacrifice of material. Procure a piece of sole leather of proper size, 3-16 in. thick, soak it in water long enough for it to become soft and pliable. Next wrap the leather around the cast, first using firm pressure in the middle with roller bandage. When the edges approximate fasten the bandage and leave it so. The top and bottom are not so easily managed, owing to the tapering of the cast at these places. But by taking out V-shaped pieces the leather may be made to lie smoothly, especially if strong and uniform pressure is brought to bear. Two such pieces taken from both ends are usually sufficient. In another twenty-four hours remove the bandage and stitch together the opposed cut edges of the V's. Punch eight or ten holes anteriorly, half an inch from the edges and lace up like a shoe. The jacket is now complete and will fit the body perfectly. Its advantages



are, *first*, its durability—which is quite a consideration to a poor person, and avoids the necessity of "stringing up" the patient every few months for the application of a new jacket.

Second, its lightness, weighing from one and a half to two pounds, according to size.

Third, its comfort; and this should perhaps have been mentioned as its greatest merit.

Fourth, its adjustability, it being perfectly easy for the wearer to increase or diminish the size, and to take off and put on at will. Some patients, indeed, especially in hot weather, remove them every night, thereby giving the tired body rest and freedom, without producing any untoward results.

The use of these jackets in my hands has been so invariably successful and satisfactory, not only in regard to comfort and durability, but in correcting pathological conditions and in effecting the same end as is sought for in the use of the plaster jackets, that it seems desirable that a more extended trial of them should be made by others in the profession.

5 Warren Avenue.

A CASE OF ANAL FISSURE.

By F. P. McKINSTRY, M.D.,

Washington, N. J.

[Read before the New Jersey State Homœopathic Medical Society.]

THE subject of orificial surgery is one of the live topics of the day. Whether we hold the radical views of Pratt of Chicago, or are more conservatively inclined, all are constrained to admit that peculiar and important reflexes arise from diseased and mal-formed orifices.

The purpose of this paper is briefly to cite a case in which this fact was strikingly illustrated.

During the early part of July, 1888, I was called to prescribe for Miss X., *æt.* 28. She was suffering with what appeared to be ovarian neuralgia, accompanied by all the usual and some unusual nervous symptoms. It proved a very intractable case, but the patient improved slowly and enjoyed a fair degree of health during the winter, but did not regain her usual strength.

In May, 1889, the neuralgia returned, but was then associated with symptoms which suggested the rectum as the possible seat of trouble. I attempted an examination, but found so much spasm of the sphincter ani that neither speculum nor finger could be introduced.

A few days later, Dr. Seibert, of Easton, Penn., and myself, etherized the patient and thoroughly dilated the sphincter. We found the most completely fissured anus either of us had ever seen. There seemed to be no part of the anal mucous membrane free from ulceration. After a thorough stretching of the muscle we applied a 50% solution of carbolic acid and glycerine, and, as an after-dressing, used iodoform and vaseline.

The neuralgic pain ceased with the operation; her stools became natural and painless, and she rapidly passed from invalidism to health. It has been four months since the operation and there has been no return of the trouble.

I have no doubt that the attack of last year was a reflex neurosis, but two experienced physicians saw the case with me, neither of whom referred the cause to the rectum. For myself, this case impressed upon my mind two lessons. First: the importance of a thorough *physical* examination in all obscure cases. Symptomatology is a good basis for a prescription, but an exceedingly poor foundation for a diagnosis. "Trite saying," you remark; but I believe it is a saying that most of us can lay to heart with profit. Only a few months since a young man came to me from a physician of skill and experience, with a diagnosis of intercostal rheumatism. I thought the diagnosis was correct, but on instituting physical examination there was found pleuritic effusion reaching nearly to the nipple line.

The second deduction from the history of this case is the statement that the *rectum* should be closely interrogated in all pelvic and abdominal diseases of both sexes. I believe there is more in rectal philosophy than most of us have dreamed of heretofore.

THE TYPHOID FEVER REACTION.—II.

By CLIFFORD MITCHELL, M D.,

Chicago.

SOME years ago, when Ehrlich announced his discovery of the typhoid-fever reaction, his claims were strenuously opposed by certain German observers. To settle the matter an enthusiastic Teuton named Goldschmidt tried the test on 2,000 specimens of urine! He has confirmed Ehrlich's statements in regard to the value of the test. He has found, for example, that the test fails in intermittent and gastric fevers, so that these are not likely to interfere with the diagnosis. He has obtained the reaction, in certain disorders other than typhoid,

which, however, are not likely to be mistaken for typhoid, viz.: pulmonary tuberculosis, heart failure, and measles. If the reaction succeeds in the two former, it is an unfavorable sign.

I have observed the reaction in a case of acute phthisis where the test was kindly made for me by Dr. Howard Bassett, of Cook County Hospital.

An important point with regard to the reaction is that *it fails in cerebro-spinal fever.*

The reaction is of value in the prognosis of typhoid fever. Given a case in which the reaction is successful: if from day to day the reaction is less and less marked and finally fails altogether, the prognosis is favorable.

In puerperal cases the reaction has been obtained *before* the outbreak of puerperal fever, and is to be regarded as a warning of the danger ahead.

The reaction has also been obtained in abscess of the liver.

I have to report this month observations on a number of cases from my own practice, some of them typhoid.

No. 1. *Normal urine.* Color after reagents are added and urine made alkaline, yellow, no pink foam, phosphates normal.

No. 2. *Diabetes decipiens.* Color red, no pink foam, phosphates normal.

No. 3. *Obscure nervous disorder.* Color yellow, no pink foam, phosphates normal.

No. 4. Urine of patient suffering from effects of overwork, *malaise*, etc., but able to attend to business. Color yellow-red, no pink foam, phosphates normal.

No. 5. *Subacute diffuse nephritis.* Color yellow-red, no pink foam, phosphates normal.

No. 6. *Oxaluria.* Color yellow-red, no pink foam, phosphates normal.

No. 7. *Renal inadequacy*, with intermittent albuminuria. Color red, no pink foam, phosphates normal.

No. 8. *Loss of sight* in one eye, but urine nearly normal. Color full yellow-red, no pink foam, phosphates normal.

No. 9. *Insanity.* Color darker than in case 8, no pink foam, phosphates normal.

After observing the different shades of color in these eight cases, I felt the need of some standard for comparison other than Vogel's urinary color scale. Observing that the tints corresponded in many cases to solutions of potassium dichromate of various strengths, I made up for reference a number of solutions of this substance, numbering them as follows: Color No. 1: Potassium dichromate $\frac{1}{8}$; water 100, by weight.

No. 2, $\frac{1}{4}$ to 100	No. 4, 1 to 100
No. 3, $\frac{1}{2}$ to 100	No. 5, 2 to 100
No. 6, 3 to 100	No. 9, 6 to 100
No. 7, 4 to 100	No. 10, 7 to 100
No. 8, 5 to 100	No. 11, 8 to 100

I find these solutions satisfactory in the main. Though the tints of the dichromate are of course brighter than those of the urines, to which the reagents have been added, I have found that ten cubic centimetres of stronger ammonia suffice to render the urines strongly alkaline in the proportions used; in the cases recorded below measurements were the same in all.

No. 10. *Cyanotic induration of the kidney.* Color No. 6 at first no pink foam; after 24 hours phosphates normal and color faded to No. 2.

No. 11. *Obscure nervous disorder.* Color darker than No. 8. No pink foam, phosphates normal. Color faded to No. 4.

No. 12. *Gonorrhœa.* Color No. 4. No pink foam, phosphates normal. No fading after 24 hours.

No. 13. *Diabetes.* (Same as case 2), color 2, no pink foam, phosphates normal. Color did not fade.

No. 14, contributed by Dr. Howard Bassett. *Severe burn.* Urine albuminous and contained bile. Color No. 9, no pink foam, phosphates normal.

No. 15. *Normal urine*, sp. gr. 1022. Straw color. Color $\frac{1}{2}$, no pink foam, phosphates normal.

No. 16. *Hydruria.* Color No. 1, no pink foam, phosphates normal. Color did not fade.

No. 17. *Cancer of liver.* Urine one week old. Color No. 10, no pink foam, phosphates normal. Faded to No. 8.

No. 18. *Diphtheria.* Color No. 4, no pink foam, phosphates normal. Color did not fade.

Résumé:—

Color No. 10: Cancer of the liver.
Color No. 9: Severe burn causing death, bile in the urine.
Color No. 8: Obscure nervous disorder.
Color No. 7: None.
Color No. 6: Passive congestion of the kidney.
Color No. 5: None.
Color No. 4: Gonorrhœa.
Color No. 3: None.
Color No. 2: Diabetes decipiens.
Color No. 1: Hydruria.
Color No. $\frac{1}{2}$: Normal urine.

The conclusions as far as these cases are concerned are as follows:

1. The typhoid-fever reaction is not merely a change of color in the urine after addition of chemicals, but consists furthermore in the de-

velopment of pinkish color in the foam of the urine, and blue color or layer in the phosphatic sediment after 24 hours, as noted in my first article.

2. Change of color on addition of the chemicals, in some cases very marked, is noted in the urine of various affections other than typhoid, but with no pink foam and no blue color in the phosphatic sediment, (except in cases noted by the German observers, phthisis, puerperal fever, etc.)

3. The highest colors in my case were obtained in cancer of the liver, severe burn, obscure nervous disorder, passive congestion of the kidney.

4. The change of color in normal urine, so far as observed, is very slight, corresponding in depth of tint to potassium dichromate, 0.5 gramme dissolved in 100 c. c. of distilled water.

It is needless to say that further and more precise observations are needed in regard to the changes in color, the fading of the color which takes place in some specimens and not in others, etc. I hope to find time to continue the work which has thus far been full of interest.

Seventy State Street.

A process of spinning and weaving glass into cloth has been invented. The warp is composed of silk, forming the body and ground-work, on which the pattern in glass appears, as effected by the weft. The requisite flexibility of glass thread for manufacturing purposes is to be ascribed to its extreme fineness, as not less than from fifty to sixty of the original strands are required to form one thread of the weft. The process is slow, for no more than a yard of cloth can be produced in twelve hours. The work, however, is extremely beautiful and comparatively cheap. A French paper, commenting on the discovery, says: "When we figure to ourselves an apartment decorated with cloth of glass and resplendent with light, we must be convinced that it will equal in brilliancy all that the imagination can conceive and realize; in a word, the wonders of the enchanted palaces mentioned in the Arabian tales."

The Cynic.

"The cynic, one who clips the wings
Of young enthusiasm;
"Says evils are the lasting things;
Calls good a transient spasm.
"But mind him not; you cannot trust
His version of a question
"When, as a rule, his views are just
The pangs of indigestion."

OPINIONS EXPRESSED.

Shall we demand separate examining boards?

Yes!—*Dr. S. L. Hall; New York.*

Separate examining boards or *bust!*— *Dr. S. B. Buckley; Illinois.*

We should *demand* separate boards.— *Dr. Chas. Naumann; Ohio.*

We should *demand* separate boards!— *Dr. W. E. Hathaway; Tennessee.*

Yes, sir! We should have separate boards of examiners in every state.— *Dr. C. A. Bozarth; Kansas.*

No homœopath should submit to examination by an allopathic board.— *Dr. L. A. Wolcott; Wisconsin.*

You may count me as most emphatically in favor of separate examining boards.—*Dr. B. W. Stilling; Pennsylvania.*

The position of Dr. A. P. Myers meets my hearty approval. I am decidedly in favor of a separate board.— *Dr. Geo. E. Miller; Ohio.*

I think that justice requires that we should have separate examining boards.— *Dr. T. G. Comstock.*

From the manner in which the homœopathic physician is treated by his brother allopath, a separate board is necessary.—*Dr. H. L. Miller; Michigan.*

"Shall we submit?" No, *never!* "Shall we have a separate board?" Yes; it is the only way in which we can obtain justice.— *Dr. I. N. Lucas; Indiana.*

We should not submit to being examined by an allopathic board; as homœopaths, we should demand separate examining boards.— *Dr. C. R. Bush; Cincinnati.*

Our school of medicine is thoroughly unlike all other schools, and I think we ought to have an examining board of our own.— *Dr. W. T. Branstrup; Kansas.*

I am opposed to any examination by allopathic boards in regard to the capability of a homœopath for practising medicine.— *Dr. J. S. Garrison; Kentucky.*

An allopathic board is no more fit to examine a homœopath than is a heathen to examine a Christian on the evidences of Christianity.— *Dr. Martha Allen Parry; Ohio.*

I should refuse to be examined by a board composed of those hostile to my method of practice. Demand separate boards? *Certainly!* — *Dr. S. F. Chase; Michigan.*

"**He who dallies** is a dastard, and he who doubts is damned."—*Dr. A. S. Hayden; Ohio.*

Separate boards of medical examiners *can* and *shall* be obtained all over the U. S., and we must work accordingly, and not shift our responsibility.—*Dr. H. M. Weed; Wisconsin.*

In the case of Drs. Lyon and Myers *vs.* Old-school Bigotry *et al.*, please put me down on the right side and be assured I shall remain with you.—*Dr. J. W. Coolidge; Pennsylvania.*

By all means let us have a separate board, since it is a foregone conclusion that examining boards are to be. Live up to the name and our individuality. We have come to stay, and our influence must be recognized.—*Dr. H. E. Beebe; Ohio.*

I do not think that a homœopath should submit to an examination by a board of allopaths. I think it our duty to *demand* separate examining boards. I heartily approve the course of Drs. Lyon and Myers.—*Dr. J. M. Patterson; Kentucky.*

By all means *demand* separate examining boards. I congratulate Drs. Lyon and Myers, and think every true homœopath should contribute in *any* manner necessary.—*Dr. T. H. Oliver; Michigan.*

I should consider it an outrage and an insult to be examined by an allopathic board. We need regulation of the practice of medicine to protect the public, and to do this we must have *separate* boards.—*Dr. G. Wolff; Kansas.*

To ask a homœopath to be examined before a board in which allopathic physicians have control is to condemn him first and try him afterwards. We must have fair legislation in this matter.—*Dr. Edson C. Austin; New York.*

Drs. Lyon and Myers are right, and every true homœopath should feel that they are fighting for *him.* I have been in practice less than a year, but, if needed, my mite shall be added to carry the case to the highest court.—*Dr. H. M. Weed; Wisconsin.*

"**Shall we demand** separate boards?" Most emphatically and uncompromisingly *yes!* We would not be men and homœopathists if we did not so reply. It should be our privilege and our right. Show no quarter! Allow no advantage to be taken by the self-styled 'regular' empirics. —*Dr. R. N. White; Pennsylvania.*

There should be but one opinion among homœopaths — that we will never allow ourselves to be handicapped by a single examining board, with minority representation. We should insist upon a separate board.—*Dr. D. M. Nottingham; Michigan.*

No reputable homœopathic physician should submit to an examination by a board of allopaths, but should *demand* a separate board. Let the profession stand together in this matter, and we shall command the respect even of our allopathic competitors.—*Dr. O. E. Pratt; Michigan.*

After having graduated at a reputable homœopathic college, such graduate should not be obliged to submit to an examination by a board of allopaths before being permitted to engage in the practice of his profession. Each school should have a separate board; to this end must we keep everlastingly at it.—*Dr. A. P. Bowman; Iowa.*

We feel that we have accomplished a great deal for homœopathy in this State, with the odds so much against us. But four of us, Dr. J. Williamson, of Eustis; Drs. P. E. and C. W. Jackson, and myself of this city, have lifted a hand or uttered a word in the matter. It demonstrates what can be done by persistent and *aggressive* effort, even by a few. If we *demand* our rights we get them, but we must accept no compromise.—*Dr. H. R. Stout; Florida.*

My sentiments are that a graduate should submit to *no* "examining board," be it allopath or homœopath. If a diploma regularly obtained from a reputable college, is not a sufficient qualification for the practice of medicine, then the standard of requirements of such college should be raised until its credentials would command recognition in any and every section, or the college should surrender its charter and retire from business.—*Dr. Wm. L. Flemming; New York.*

As to your question respecting examining boards, I for one must say that I do not see the possibility of more than one honest opinion on the subject. There must either be two examining boards in States where physicians of both schools are to be examined; or else there must be two examiners, one from each school, in the department of materia medica and therapeutics. If it would be right for physicians of one school to pass upon the qualifications of those of another school, then this right would be the same for all schools. The old school brother might then be by law compelled to submit to an examination by an eclectic or homœopathic board. I do not think he would deem this just. I do not think it would be anything short of legal outrage. Let the State give to the physician a final examination, if it seems best; but it cannot incorporate and give legal status to a medical college to teach materia medica and therapeutics in one way, and then examine its graduates as if they had been taught in another way.—*Dr. R. N. Foster; Chicago.*

DEPARTMENT OF SURGERY.

CONDUCTED BY

CHAS. D. RICH, M.D., CHICAGO,

ATTENDING SURGEON TO COOK COUNTY HOSPITAL.

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CHAS. E. WALTON, M.D., CINCINNATI.
W. E. GREEN, M.D., LITTLE ROCK.

THE TREATMENT OF PILES BY THE INJECTION OF CARBOLIC ACID.

This method is called the carbolic-acid treatment of hemorrhoids. It consists, briefly, in the injection into a pile tumor, by means of a hypodermic needle, of from three to ten drops of a carbolic acid solution, the object being to produce a coagulum, obliteration of the distended vein, and subsequent detachment, with a radical cure.

The aqueous solution of carbolic acid is the one generally used, although some use olive oil, glycerine or alcohol, to dilute the acid with, in place of water.

The method was the invention of an obscure Illinois doctor. For five years it was kept secret, being divulged only to such as would pay a good round sum of money and take an iron-clad oath of secrecy.

It is now thirteen years since this method came into general use, time enough, it would seem, for the accumulation of sufficient data upon which to base a judgment as to its legitimate place in surgical procedure.

After a careful perusal of the literature, the following seem to be the main objections: 1. Uncertainty of results. 2. Length of time required. 3. Ischio-rectal abscess, with consequent fistula. 4. Rectal ulcer. 5. Pain. 6. Hepatic embolism. 7. Carbolic acid poisoning. 8. Hemorrhage.

Uncertainty of results seems to be the most formidable of these objections. Kelsey says it is the uncertainty as to the course of cases after treatment, and the fact that a radical cure may not result, which keeps him from using this method, rather than any possible complication or danger. Yet he treated 200 consecutive cases with perfect results in all.

As the pile tumors are injected one or two at a time, and the injections are made a week apart, considerable time may elapse, in an extensive case, before all are reached. This objection is a trivial one, as the patient is not disabled from work while undergoing treatment, and the time required for each injection is insignificant.

As to the formation of an ischio-rectal abscess, with a subsequent fistula, which is quite a serious matter, Andrews reports but ten accidents of this kind in 3304 cases, so it is comparatively infrequent. An aseptic field of operation and an aseptic needle would help to avoid this.

Small granulating areas may be exposed on detachment of the slough, but they usually heal readily, and are no worse than those occasioned by the ligature.

Pain occurs only when a strong solution is used, or when external piles are injected. With a mild solution, 3 to 10 per cent, there is usually no pain beyond the prick of the hypodermic needle and a tense, smarting feeling, which may last ten or fifteen minutes. If a strong solution, 10-95 per cent, is used, cocaine should be mixed with it to avoid excessive pain.

Hepatic embolism is a bugbear held up in some text-books. Practically, few cases have occurred; theoretically, it is difficult to see why it is more likely to occur with carbolic acid injections than from the detachment of clots from the proximal side of a ligature. Carbolic acid poisoning is avoided by mild injections, and hemorrhage is a surgical accident, liable to follow any operation, and no more difficult of control in this than in other methods.

The advantages of this over other operations, briefly stated, are: 1. No narcosis. 2. No confinement to bed. 3. No "operation." 4. Small amount of pain. To be sure, the risk of giving an anæsthetic is slight, but it requires intelligent assistance, such as every practitioner does not have at command. Time, in America, is money. Any of the other operations, ligature, clamp and cautery, or incision, require from two to four weeks before the patient is able to go to work again, even if the most favorable result is attained. With the carbolic acid injection, although it is best to have the patient remain in the recumbent position for twelve hours after each injection, even that is not absolutely necessary. The patient may leave the office half an hour after the injection is made.

To the laity the idea of an "operation," with the anæsthetic and the shiny instruments, suggestive of blood and butchery, is so terrible that many people will suffer for years rather than submit to it. Kelsey says that he was driven to use the carbolic acid injection by the fact that a large number of his patients refused absolutely an "operation," went to a neighboring doctor and submitted without a murmur to the carbolic acid treatment.

The following is the most approved technique of the operation:

Give the patient a copious enema of plain tepid water a few minutes before operation, and instruct him to strain so as to bring the piles down outside the sphincter muscle. Hemorrhoids may be injected through a speculum, but hemorrhoids that will not prolapse are, as a rule, amenable to medicinal and hygienic treatment.

Use a very fine hypodermic needle, and for injection a five per cent solution of carbolic acid. If the use of a five per cent solution is not followed by prompt results, ten per cent may be employed. Wash the pile gently with a warm, saturated solution of boracic acid. Insert the needle in the center of the pile, carry the point well down to the base, and force out five or ten minims of the fluid. It is well to gauge the amount of fluid to be injected by the small set-screw on the piston-rod of the syringe. Hold the needle in position for a moment, in order that the coagulum may form sufficiently to prevent the escape of injected fluid from the needle hole. The idea is to place the fluid in the *center of the tumor*, so as to form a coagulum, without touching the walls, which are liable to slough, and so, if involved, cause ulceration.

Do not inject more than two piles at a sitting, and return them within the sphincter as soon as possible. Also, caution the patient to do so, if they should afterwards come down. This is an important matter, for the pile swells rapidly and by the griping of the sphincter muscle pain, strangulation, rupture of the sac and hemorrhage are likely to occur.

Repeat this procedure once a week until all the tumors are injected. It is well, perhaps, at the first sitting, to inject but one pile, for some idiosyncrasy may exist which will contra-indicate the use of the injection.

The very best results with this method have been attained in *internal* hemorrhoids of moderate size, with a small base. All are agreed that it is not advisable in external hemorrhoids, on account of the greater amount of pain occasioned, greater danger of sloughing and abscess, and the greater simplicity and effectiveness of other methods.

An *external* hemorrhoid may be injected with a few drops of a 4 per cent solution of cocaine, snipped off with a pair of scissors and primary union secured by means of a couple of cat-gut sutures and a dressing of dry iodoform.

To summarize: a few authorities condemn it utterly, some give it a qualified approval, and others a most enthusiastic one. It is only a very few who would do away with it entirely, and it seems to me that a way has been pointed out by which most of the perils can be avoided. *Convenience* is its strongest recommendation; *uncertainty of results*, its most objectionable feature. Use it when a patient suffering with internal piles dreads and refuses an "operation," or cannot afford to be idle a couple of weeks or a month, and yet wishes to be relieved; or, if you are so situated that you cannot secure the necessary assistance for an operation.

Lay the risks clearly before the patient or his friends. Do not pretend to say how long it will take or how painless it may be. Tell him that it is a procedure indorsed by the best authorities, and the probabilities are that a quick and painless cure will result, but that accidents are always liable to happen, and while you will do your best to avoid them, no blame should follow if they occur.

SURGICAL NOTES.

The best lotion for recent injuries is the ordinary lead lotion.—*Billroth.*

The ancient surgeons employed warm sterilized (boiled) rain-water for dressing wounds.

The best antidote to carbolic acid poisoning is soap, which should be taken at once and repeatedly.

Cellulitis of the hand has met with a steady check by the continuous, cold, permanganate of potash drip, half a grain to a pint of water.

Syphilitic fever, although so long denied, is nevertheless very frequent, especially in women. It has been observed in no less than ⅓ of the cases at the Lucerne Hospital.

It has long been an established fact that local recurrences, after extirpation of cancer of the breast, are due to the retention of cancerous material at the site of operation.

Prostatic enlargements, which give rise to urinary symptoms, are intra-vesical, not rectal, and the severity of the symptoms bears no relation to the apparent size of the enlarged gland as felt in the rectum.—*Dr. McGill.*

Death never occurs from entrance of air into the ordinary veins of the body, unless the quantity be enormous—from one to several pints—a quantity which cannot enter unless deliberately sent in by the surgeon.

A prize of 10,000 francs is offered by the Académie de Medicine, Paris, for the best work on the treatment of stricture of the urethra, or on the therapeutic methods for diseases of the urethra.

A speedy and certain way to cure a felon is to put on one or two leeches, keep up the bleeding for two hours. This will end both pain and felon. The pain often leaves before the leeches drop off.

A recent report on the value of antiseptics in hospital practice states that of late years, owing to the employment of the various aids in what is known as "antiseptic surgery," the rate of deaths in amputation cases has dwindled from 23 per cent to about 4 per cent.

A general antidote for poisons may be made by mixing equal parts of calcined magnesia, wood charcoal, and hydrated oxide of iron, and is applicable in cases in which the poison is unknown. It should not, of course, supersede the stomach pump or other forms of emesis.

The operation of freely opening the abdominal cavity to search for and repair gunshot wounds of the intestines is not a new one; it does not even belong to the period of antiseptic surgery, but it was performed and successfully performed more than fifty years ago.—*Dr. A. L. Stimson.*

Where the ordinary means fail to reduce paraphimosis, introduce the convex or looped ends of three or four hair-pins underneath the constricting ring, at regular intervals, and over the bridge thus formed the foreskin may very readily be drawn down.

The following disinfectant has been used in the wards of some of the city hospitals, with gratifying results: Saturated sol. zinc chloride, seventy parts; crude glycerin, twenty-eight parts; carbolic acid, 2 parts; water, q. s. ad 2000 parts; ether, q. s. to disguise the odor of the carbolic acid. M. The above is the concentrated solution, and for use take concentrated solution, one part; water, nine parts; M. et S.

The "potato cure" has been tried by Dr. Salzer in the case of a boy who had swallowed a brass weight of 20 grammes. Potatoes were fed to the child, cooked in a variety of manners, so as to encourage his appetite. He took them willingly, and after five days the brass weight was compelled to retreat, overwhelmed by the constant accession of reinforcements from above, and passed out, leaving the potatoes in possession of the field.—*Dr. Salzer.*

It has been found by investigating the anatomy of the part that it is impossible to wound the internal carotid artery in excision of the tonsils, as, apart from the wall of the pharynx and the fat which occupies the region behind the tonsil, there is in addition a muscular layer which lies in front of the internal carotid artery. It is further learned that there is just as little risk of striking the artery in scarifying the tonsil or in opening a retro-pharyngeal abscess.—*Dr. O. Zukerkandl.*

The worst type of dressing to lie next wounds is represented by vaseline or oils spread upon lint or upon any textile fabric, because the oleaginous material mingles with exuded lymph and serum and prevents organization, and because new epithelial and connective tissue cells become entangled in the fabric. This type of dressing is also bad because there is nothing in its make-up to prevent decomposition of the exudates that nature intends to use for purposes of repair. There are only two types of the perfect dressing. One of these is represented by an iodoform covering for small wounds. The iodoform forms with lymph a thin firm coagulum that is not readily penetrated by micro-organisms, and even when a few are at work beneath it, the ptomaines which they produce are neutralized by the iodoform. The best dressing is composed as follows: First a strip of sterilized Lister's protective oiled silk which is just large enough to cover the wound or the line of sutures. There is nothing that will take the place of Lister's protective. Gutta percha tissue will not answer, because it is absolutely waterproof and the skin beneath it becomes somewhat sodden. Spun glass is as objectionable as gauze or cotton or textile fabrics, because it entangles new epithelial and connective tissue cells. It is almost impossible to obtain repair by the beautiful process of clot replacement, if we cover the clot with anything but Lister's protective. And in skin grafting we can use it to such advantage that it seems as though the failures with other dressings must be more frequent than they are. Under the smooth and slightly porous Lister's protective, epithelial cells shoot along over the surface of the wound unimpeded, and granulations in open wounds carry on the process of repair without the formation of pus under permanent antiseptic dressings. Over the Lister's protective we need a thick layer of absorbent gauze or cotton to draw away serum from the wound, and to dry it so that it is not a fit food for micro-organisms.—*Dr. Robert T. Morris; International Journal of Surgery.*

An ideal primary union is one where the surface and deep parts can be brought together and held in perfect approximation until in a few days, by interposition of new living tissue between the divided structures, the interrupted anatomical continuities have become permanently restored and the suspended physiological functions established. Practically such a result is not often obtainable. Even the most improved methods of approximation and coaptation frequently fail in securing such accurate apposition of similar tissues as to enable organic union to take place in such a short space of time and accomplished by such a small amount of reparative material. Under most circumstances spaces are left here and there between the surfaces of

the wound which are first occupied by blood or serum and later by granulation tissue, which in the course of time is transformed into cicatricial tissue and by contraction unites or brings in closer contact the divided tissues.

The thermo-cautery may be safely used in the vicinity of ether, as the instrument must be brought to within one-third of an inch to the source of vapor of ether in order to ignite the same.

Catgut, as material for suture, is cheap, always at hand, and very satisfactory. A kind sold by dealers in clock materials, put up in coils from fourteen to sixteen feet in length, is very nice. It works just as well as the violin string, and the cost is very much less. The retail price is seventy-five cents to one dollar and fifty per dozen coils. Remove the red thread from the coil and cut each one into eight lengths, which will be found suitable for any operation.

Silver tracheotomy tubes are corroded by the secretions of the body, with which they come in contact. Zaleski, of Dorpat, relates a case in which a tube was left in the trachea for two years, and at the end of this time there was nothing left but a mere shell. Zaleski explains the chemical process by which the metal was dissolved by the continual action of the chlorides, that exist in almost all the secretions of the body, upon the metallic silver is thus formed, as is acted upon by the alkaline secretions, which contain ammonia and cyanides, in the same way as the sulphocyanide of potassium has the power of dissolving chloride of silver. Of course a part of this silver is expectorated, but it is probable that a large part is absorbed.

The time required for the definite healing of a wound, other things being equal, will depend largely upon the accuracy with which coaptation can be effected and maintained. In wounds with considerable loss of tissue, and in the healing of cavities with rigid, unyielding walls, where coaptation of surfaces which it is the intention to unite, for physical reasons is rendered impossible, we have to rely upon the process of granulation in effecting repair and in restoring interrupted continuities. Under the old treatment the healing of wounds by secondary intention was often prolonged for an indefinite period of time, because, under the influence of pus microbes or their ptomaines, the embryonal cells of which the granulation tissue is composed were transformed into pus corpuscles, and thus the reparative process was delayed until the infective process had exhausted itself, as it were, or until the granulation tissue was in a condition to resist successfully the deleterious effect of pus microbes or their products.

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THE CURETTE IN CHRONIC ENDOMETRITIS.

Chronic inflammation of the uterine mucosa exists in two distinct forms. In the one the glandular elements are hypertrophied. Leucorrhœa is its characteristic symptom, hemorrhage is insignificant, and the probe, when passed within the uterus, finds a firm and frequently nodulated wall. In the second variety the glands are but little affected, but the vessels markedly dilated. Hemorrhage is prominent here; the probe readily induces it and reveals a spongy, cushion-like state of the mucous membrane, the "endometritis fungosa" of Olshausen. This is the less frequent of the two forms, the one which, in rare cases, endangers life from repeated hemorrhages, and the most amenable to treatment.

For both of these varieties many internal remedies have been prescribed, with varying success. Local applications of solutions of nitrate of silver, pure carbolic acid, iodine, or iodized phenol, relieve some mild cases, especially those of the glandular type. Should an existing constitutional dyscrasia, tubercular, syphilitic, or strumous, appear as the source of the local trouble, appropriate systemic treatment will at once suggest itself, and should be employed before resorting to the curette, unless excessive hemorrhage forbids delay. Anæmia is often an accompaniment, if not a cause, of uterine catarrh. When marked, the administration of Blaud's pills, grs. iij, or grs. v, *ter in die*, will prove a valuable adjuvant to whatever treatment is adopted. Iron and potassium carbonate in equal amounts, are the principal ingredients of these pills. Given two hours after eating, they cause no interference in digestion.

In inveterate cases, however, and especially those of the hemorrhagic type, curettement is the radical treatment, and grants the surest relief. Done with antiseptic precautions, it is a safe procedure; without their employment, it is by no means devoid of danger. The pres-

ence of pelvic inflammation contra-indicates it, and calls for a preparatory treatment of hot douches, boro-glyceride tampons, and tincture of iodine applications.

The operation should be performed a week after a menstrual period. An anæsthetic is only necessary if the patient be nervous. After a douche she is placed upon her left side, and Sims' speculum introduced. Particular care is needful in securing cleansing of the cervical canal and uterus from all discharges. Usually the cervix will be found patulous, but should any obstruction to the introduction of applicator or sound be present, graduated dilators should be employed to make patent the canal. The uterine cavity should be thoroughly but gently swabbed out with a cotton-wrapped applicator dipped in mercuric bichloride 1-1000. The posterior lip of the uterus is then seized by a tenaculum or vulsellum, the organ drawn slightly downward to straighten its cavity, and an aseptic curette passed to the fundus. Thomas' dull wire curette is generally employed. If this rides over and does not remove spongy masses, Sims' sharp curette should be substituted, but handled with care. The anterior wall is first gone over, from right to left, and from fundus to os, the posterior wall being afterward treated in a like manner, bringing the debris downward with the curette, to the vagina. When the cervical membrane is also affected and studded with Nabothian glands, the sharp curette will be required for their removal. The work should be done thoroughly, until the firm feel and grating sound of healthy sub-mucous uterine tissue is perceived.

Several sounds or applicators should be at hand, armed with dry cotton. With these remove all blood and debris. As soon as this is accomplished, pass to the fundus a similarly armed applicator, which has been saturated with Churchill's tincture of iodine. Retain this in contact with the mucous membrane for several minutes. This is a most valuable agent in treating chronic endometritis, either directly or after removal of the diseased tissue by the curette. It has not the objectionable features of nitrate of silver and nitric acid, penetrates deeper within the glandular structure than carbolic acid, and is efficient as an antiseptic and hemostatic. Churchill's preparation consists of seventy-five grains of potassium iodide and ninety grains of iodine to an ounce of alcohol. This forms at the same time a more stable and a more active agent than the ordinary commercial tincture.

Rest in bed for a week should follow curettement, and any malposition of the uterus should be corrected before the patient is allowed to resume the upright position. Following the first menstrual period, applications of the iodine may be indicated, and, occasionally a second curetting is necessary to secure a permanent result. The supervention of a well-conducted pregnancy and delivery is generally considered favorable to permanent relief.

While curettement is, at the present time, considered the radical and most effective treatment of chronic endometritis, great claims are being advanced by Apostoli and his followers, for the efficacy of electricity in this disease. Permanent cures are claimed in inveterate cases by from eight to thirty applications. The negative pole is introduced within the uterine cavity in cases in which leucorrhœa is marked. The positive pole is used if hemorrhage is the prominent symptom. Massey advises a current of ten to thirty milliampéres, while Apostoli uses from eighty to two hundred and fifty milliampéres. Only further trial by a larger number of physicians will determine whether this method is entitled to supersede or curtail the practice of curettement.

GYNECOLOGICAL NOTES.

Uterine rupture is almost invariably located in the lower segment.

Women are three times as frequently the victims of cancer, as men.

Puerperal insanity alone is the most curable form of mental disease.—*Dr. Ethridge.*

Constipation is one of the prime factors in the majority of cases of diseases of women.—*Smith.*

The smallest pessary which will accomplish the end desired should always be the one selected.

Constant lying upon the back subsequently to labor should be avoided, as tending to uterine prolapse.

To tampon the vagina satisfactorily in case of uterine hemorrhage, a Sims' speculum is indispensable.

Vesico-vaginal fistula is most frequently observed just behind the symphysis pubis, and in the median line.

Seven per cent of the cases of insanity amongst female patients in public institutions result from puerperal causes.

Irregular hemorrhages occurring about the time of the climacteric may indicate uterine cancer, and not the change of life.

A solution composed of equal parts of chloride of zinc and water, is a useful application in diphtheritic exudations affecting the genitals.

During the nine months of gestation the uterus is increased in weight from twenty-one to twenty-four times that of the non-gravid organ.

Three and one half per cent of all women who suffer from uterine disease during the five years following the menopause, have cancer.

Cæsarian section was first practised upon a living woman in the year 1500, by Jacques Nufu, who operated successfully upon his own wife.

Silk-worm gut is employed by Lawson Tait for suturing the perineum, several weeks being allowed to elapse before the removal of the sutures.

Vesico-vaginal fistulæ are the result of prolonged labor in over 90 per cent of the cases. Elderly primiparæ are the most frequent victims.

Uterine inversion occurs during the puerperium in 90 per cent of the cases. It is a rare complication, happening but once in 150,000 confinements.

Vaginal hysterectomy was first performed by Langenbeck in 1813. His patient, who underwent the operation for carcinoma, died thirty years subsequent to it.

When giving a laxative to a puerperal patient it should be borne in mind that castor oil is irritating to the rectum, productive of hemorrhoids, and not infrequently excites pelvic inflammation.

For hemorrhoids during pregnancy and the puerperium, whether accompanied by constipation or diarrhœa, Dr. Fordyce Barker has found Aloes a very efficient remedy, although he acknowledges that it has generally been regarded as *productive* rather than curative of the affection.

Although the results of the elder Keith in hysterectomy have been the best recorded, he now declares of the operation as applied to uterine fibroids: "I have, however, thrown over all surgical operations for this (Apostoli's) new treatment, and the longer I follow it the more am I satisfied."

Uterine prolapse occurs in the majority of cases between the ages of twenty-five and thirty-five years. Among 174 cases collected by Wanbey, only six were nulliparæ. In one instance the condition existed in a child but three years of age.

Castration is indicated in abnormalities and disease of the female sexual organs, which cause immediate danger to life or terminate fatally in a short time, or are followed by long continued progressive illness, which interferes with the enjoyment of life and ordinary duties. At the same time it is supposed that all other methods of treatment would either prove useless or had been tried unsuccessfully, while removal of the ovaries would relieve the disease.—*Hegar.*

Exploratory laparotomy is only justified where, in the presence of a disorder threatening life, all known means for establishing a diagnosis have been exhausted without positive result, or where the extent and exact relations of a mechanical disturbance cannot be estimated without ocular inspection and digital examination.

It is generally conceded that if the head is not delivered in from five to eight minutes after the delivery of the body, the child will be stillborn. My deduction from an analysis and comparison of all authorities, who widely differ in their teachings, and from my own experience, is that the forceps constitute the best, quickest and safest treatment.—*Dr. Scheidt.*

Judging from the results of considerably over one hundred laparotomies for different diseases, I think it is proper to say that as a rule an operation for the relief of a simple ovarian tumor is about the simplest proceeding the surgeon is called upon to do in the abdominal cavity, and one from which the patient is most likely to recover.—*Dr. Parkes.*

Twist the sutures in trachelorraphy tight enough to co-apt the opposing surfaces closely, but not so as to produce strangulation or cause them to cut through. They may be twisted until the neighboring tissue becomes slightly blanched. If by the time the last one is tightened the tissue between the others has regained its color, you may know that there is no interference with the circulation, and strangulation and cutting are not likely.

If the cases of abdominal section were fairly reported upon one or two years after the successful operation, we might be less sanguine in following the example of the great surgeon of Birmingham. Ventral herniæ, extensive and painful peritoneal adhesions, fistulæ, and a suspicious increase of melancholia, are the fruits of laparotomies which have previously been reported among the hundreds of successful cases. —*Dr. McLean.*

A puerperal patient, who has not slept at all in two consecutive nights, becomes at once an object of the utmost obstetric solicitude, lest she lapse suddenly into insanity. This solicitude is intensified if there be an insane hereditary tendency in her family. Albuminuria in such a patient increases the gravity of prognosis as to the supervention of insanity.—*Dr. Etheridge.*

A pessary may very often require to be introduced before the lying-in woman leaves her bed, in order to prevent the formerly displaced uterus from returning to the abnormal position which it occupied before the last pregnancy;

indeed, the rectification of the displacement at this time, when all the sexual organs are undergoing a process of involution, offers one of the best chances of entirely curing the patient. I have thus applied a retroversion pessary on the eighth day after delivery, removing it after two months, and found the uterus permanently replaced.— *Mundé.*

Chloral hydrate is both a narcotic and disinfectant. It will be found useful as a local application in carcinoma of the cervix. Sixty grains of chloral are dissolved in an ounce of glycerine. A tampon saturated with this is placed against the cervix and reinforced by a dry plug. These are retained from twelve to twenty-four hours. The strength of the solution may be increased as the pain indicates. The advantage of this application over the morphine suppositories commonly employed is the absence of disagreeable after-effects and constipation caused by the latter.

Lead-poisoning in either parent is very apt to cause premature birth of the off-spring. In fifteen pregnancies in which the mother was affected, only one child survived. The remaining cases terminated in abortion, still-birth or the child died in twenty-four hours. Of one hundred and twenty pregnancies in healthy women, the father having suffered from saturnism, sixty-three terminated in abortion, four by premature labor, and four by still-birth. Thirty-six children born alive, lived but a short time, and only thirteen permanently survived.

Solutions of bichloride of mercury employed in the lying-in room should not be stronger than 1:5,000 for vaginal or 1:10,000 for uterine injection. A case is reported by Fleischman, of a primipara who received at the beginning of labor two vaginal douches of corrosive sublimate 1:2,000. She died upon the eighth day with all the symptoms of mercurial poisoning, the autopsy sustaining the diagnosis. Similar cases have been reported with sufficient frequency to indicate the necessity of care in the employment of the drug. It has proved a most valuable antiseptic in midwifery, but reckless use has brought upon it some disrepute.

The genius of our American institutions is opposed to absolutism. A single board is never above suspicion. A separate board can do no harm, and it will remove all temptation to unfairness. Let us present an unbroken front and the fight will soon be over.— *Dr. C. B. Kinyon; Illinois.*

WORTH KNOWING.

In the excitation of the first stage of ether or chloroform narcosis, a minimum amount of force should be employed in restraining the patient.

Of ten cases of ocular headache, nine suffered from hypermetropic astigmatism. The tenth was simple myopia. The wearing of appropriate glasses relieved the condition and symptom. —*Dr. C. M. Culver.*

Milk containing tubercle-bacilli, when given to guinea-pigs and rabbits, causes tubercular deposits in the follicles lining the intestinal wall, followed by tubercles in various organs, and finally, general tuberculosis.

Tympanites, like so many other complications, is usually the result of septic infection and is best dealt with by keeping the germs away from the patient before, during and after the operation.—*Dr. Parkes.*

The most trustworthy means of resuscitating patients from threatened death in ether anæsthesia are artificial respiration, hypodermic stimulation, inhalation of amyl nitrite and inversion of the body.

The failure of morphine injections to procure sleep is, in the majority of instances, due to the failure of maintaining perfect silence in the room where the patient is lying.—*M. Huchard.*

It has been shown that the spaces between the lobuli of the human placenta covered with endothelium contain fœtal blood, and that the fœtal tufts are therefore immediately bathed with maternal blood.

The time has come when a change is urgently needed in the production and consumption of milk. It should be illegal for cows known to be suffering from tuberculosis to be kept in stock for milking purposes.

The identity of diphtheria in animals and man is probable. Transmissibility from the one to the other can be shown. It is possible that diphtheria may be transported a long distance by a third person, who remains unaffected by the disease.— *Delthil.*

Improper or inappropriate feeding is usually the cause of constipation of infants. Any food which overtaxes the child's digestion and thus burdens the alimentary canal with undigested residue will excite a mild catarrh of the intestinal mucous membrane. The fecal matter, rendered slimy by this secretion, affords no sufficient resistance to the contractions of the muscular coat, so that this slips ineffectually over the fecal masses.— *Dr. Eustace Smith.*

In almost every town-dairy there are cows with tubercular deposits in the udder. It is the common custom of dairymen to mix together the milk of different cows. It is not too much to assume, therefore, that tubercle-bacilli may be widely distributed in the milk-supply of any town.

In treating heterophoria the object is to regain the relative balance between the opposing muscles, which has been lost. This, I believe, is best accomplished by strengthening by systematic exercise with prisms the weakened muscle, rather than by weakening by tenotomy the strong opposing muscle.—*Dr. A. B. Norton.*

Investigation has proved that disease germs are aided in their septic work by certain chemical substances which are formed in the tissues, as a result of their action upon the tissues. Iodoform, while it does not destroy nor seriously hinder the germs, does destroy the ptomaines.

The ice-bag is the best local application in incipient mastitis. When symptoms of commencing suppuration appear, heat becomes preferable. If a superficial abscess develops, local anæsthesia by the ether spray renders incision painless. An ordinary hand atomizer is used and the spraying repeated after partial incision if necessary.

At present, three views are in vogue to account for the production of the asthmatic paroxysm, as follows: the theory of bronchial spasm, the theory of spasm of the diaphragm, associated or not associated with spasm of other ordinary or extraordinary muscles of respiration, and lastly, the theory of constriction of the bronchial tubes by swellings of a hyperæmic, herpetic, or urticaria-like character.

The regions around and under the edges of the finger-nails are lodging-places for germs. Furbringer's method of cleansing the hands consists first, in a thorough scraping of the subungual spaces, which should be preceded by soaking the hands for a few minutes in warm water to soften the dirt; second, a vigorous washing with soap—soft soap preferred—hot water and a stiff hand brush; third, eighty per cent alcohol or pure ether poured freely over the hands, and finally, a soaking, for at least one minute, in a solution of bichloride of mercury, 1–2000. The object of the alcohol, or ether, is to remove the oily matter from the skin, which protects the germs from the action of the bichloride solution. The hands should be wiped on a piece of bichloride gauze or a sterilized towel.

Cattle are susceptible to tubercle; and stall-fed dairy cows are frequently found to be affected. Prolonged lactation in the human female is well-known to be a precursor of phthisis; and it is not to be wondered at that cows succumb to this malady when subject to prolonged lactation, confinement in close quarters, want of exercise, and bad air.

Chlorosis is not in itself a dangerous affection. The great majority of cases yield readily to treatment, with permanent results. Indirectly, however, a chlorotic condition has its attendant dangers. By its depression of the resisting power of the system morbid processes gain a much easier foothold than within a healthy body. Infection readily occurs in such patients; inflammatory affections are easily induced, and febrile diseases often assume a violent form. Phthisis and nephritis are not infrequent developments.

Mechanical irritation often produces furuncular inflammation of the external auditory canal. A patient has been under treatment, suffering from four, one following the other in rapid succession. Seven years before the same ear had suffered from severe traumatism, from which it had promptly recovered. The chief cause, however, of this affection is defective health from imperfect digestion and assimilation; in women, from irregular menstruation. The local treatment is disinfection by the use of sulphur, iodoform and bichloride of mercury.

The works of Klebs, Ferrand, and others show that straw and manure heaps play a considerable part in propagating diphtheria. An army surgeon has tried to prove by statistics to what extent these statements are reliable. He has collected the following facts: In the French army, diphtheria causes three times as many deaths in cavalry regiments as in the infantry. This affection is most prevalent in the cavalry barracks in Paris, which are in the vicinity of stables belonging to Paris omnibus companies, and near a large depot for manure. In the German army, the same proportion exists, there being three more deaths from diphtheria in the cavalry regiments than in the infantry.

The employment of nitrate of silver for the prevention of ophthalmia neonatorum was first recommended by Credé in 1881. He advised it as a routine application in lying-in hospitals, instilling one drop of a two per cent solution immediately after delivery, the eyes having first been cleansed with pure water. The results attending this practice have been most satisfactory, and no evil has followed the application when made according to Credé's directions.

The feasibility of a more direct prophylaxis has been recently tested in the Dresden Clinic. In a series of 1,000 cases the measures adopted consisted in disinfection of the maternal passages by a mercuric solution, 1:1,000 for the external genitals, and 1:3,000 for vaginal douches. The genitals were carefully cleansed prior to labor, and the douche repeated several times during its progress. Immediately after expulsion of the head, and before the eyelids were opened, the eyes were irrigated with pure water. The result of this method of prophylaxis was the development of ophthalmia in only 0.3 per cent of the cases. This method, modified perhaps by a decrease in the strength of the bichloride solution, appears to be the most reasonable for routine employment in hospital and dispensary practice, while a combination of the two will afford the surest immunity from infection, in a case where the maternal passages undoubtedly contain the gonorrhœal virus.

Eight cases of obstruction and subsequent inflammation are reported which were due to accumulations of cherry-stones in the rectum. One case was that of a girl seven and a half years of age, from whom two hundred and sixty-seven stones were removed. Another case was that of a man sixty-six years of age, who was found dead in bed. The stomach was empty, the liver and spleen normal, the duodenum and small intestine distended with gas, fæcal matter in the transverse and descending colon and sigmoid flexure. The entire rectum was filled with a mass of cherry-stones and scybalæ weighing four hundred grammes. The rectum had bursted at the ampulla.

A case confirming the possibility of the transmission of an infectious malady from the mother to the fœtus in utero was lately brought to the notice of the *Société de Biologie* by Dr. Netter. A woman pregnant seven months and a half was admitted into the Hospital Beaujon for pneumonia of the apex of the right lung. The disease evolved regularly, and on the seventh day defervescence was produced. Two days after the fall of the body temperature the patient was delivered of a child that lived five days. At the autopsy there was found distinct pneumonia of the right upper lobe accompanying fibrinous pleurisy, pericarditis, suppurating cerebro-spinal meningitis and otitis. Bacteriological examination demonstrated the presence of pneumo-cocci in the lung and in the blood. It was, therefore, concluded that this pneumonia was clearly hereditary and not acquired, and that it had been transmitted by the mother to the fœtus. Moreover, Dr. Netter demonstrated by experimental proof this pneumonic transmission. A guinea-pig, whilst pregnant, was inoculated with a culture of pneumo-cocci; these micro-organisms were found in the fœtus.—*Lancet.*

USEFUL RECIPES.

Pediculi pubis may be killed by a single application of ether to the parts.

A spray of a four per cent solution of cocaine will often stop bleeding from the nose.

Sulphur in an ointment applied just within the anus is said to rapidly destroy pin-worms.

Immerse steel instruments for a few minutes in a solution of potassium carbonate, and it effectually prevents rust.

Thirst in diabetes may be allayed, according to Duchenne, by the following: ℞. Potas. phosph., ʒ j; aquæ, f ʒv. M. Dessertspoonful to a teaspoonful several times daily.

Put five drops of chloroform on a little cotton or wool in the bowl of a clay pipe, then blow the vapor through the stem into the ear, and it will speedily relieve some cases of earache.

Syringes may be kept in perfect order by drawing half full of water before laying away after using. The water will not evaporate, but remain in the syringe two or three, or perhaps six months, just as it is left.

The tenesmus of dysentery is sometimes relieved by an enema consisting of eight grains of naphthalin dissolved in an ounce of water. In some cases it may have to be repeated at intervals of an hour, two or three times, but the relief is almost certain.

A bottle of bromine left in a closed room all night with the stopper out destroys all infection and insect life. I have cleared places which were infected with vermin many times. It is far more effectual than the vapor of burning sulphur.

For the removal of hairy moles, which so often disfigure the face, especially in women, sodium ethylate is very useful. Cut the hairs as close to the mole as can be done with scissors, and paint it over with sodium ethylate by means of a glass rod, being careful not to let any of it run off the mole on to the skin of the face. After the operation the mole will have a black look, and a hard crust will form over it, which will be nearly three weeks in becoming detached. —*Dr. Arthur Jamison.*

Policemen, mail carriers, and others whose occupation keeps them on their feet a great deal, often are troubled with chafed, sore and blistered feet, especially in extremely hot weather, no matter how comfortably their shoes may fit. A powder is used in the German army for sifting into the shoes and stockings of the foot soldiers, called "Fusstreupulver," and consists of 3 parts salicylic acid, 10 parts starch and 87 parts pulverized soapstone. It keeps the feet dry, prevents chafing and rapidly heals sore spots. Finely pulverized soapstone alone is very good.

A simple and effective remedy for sty has been found to be a solution of fifteen grains of boric acid to an ounce of water. By applying this solution three times a day to the inflamed part of the eyelid, by means of a camel's-hair brush, this painful and annoying affection will be conquered very rapidly.

For cramp in the calves of the legs proceed as follows: Let the patient provide himself with a good, strong cord, and keep it always with him. When the spasm comes on, let him wind this cord around the affected part, take an end in each hand and give them a good sharp pull. It will hurt a little—it is useless if it does not—but the cramp will vanish at once.

To identify blood stains, the fabric should be teased out with a needle, and macerated in a solution 1:1000 of sodium chloride. The fluid will soon become tinged by the blood, and can be submitted to spectroscopic examination. To demonstrate the blood globules, add to some of the fluid a drop or two of a saturated solution of chloral hydrate, which will throw down a rose-colored precipitate. A drop of the precipitate is to be exposed on a thin plate over the flame of a spirit lamp, and the clear fluid which separates is to be removed by blotting paper. The pellicle of coagulum which remains is to be colored with fuchsin and washed with water. A drop of acetic acid will render the preparation transparent, and the globules will become visible in bright red.

A fomentation, which is claimed to be superior to all others, is made as follows: Take corn meal, one pint; cayenne pepper, one teaspoonful; ground mustard, two teaspoonfuls. Stir the mixture into a quart of boiling water, make it quite moist, adding water or more meal to make it of the right consistency. Take a piece of cloth three-fourths of a yard square, and pour the mixture into the centre, double the edges of the cloth over each other and pin. Place a piece of flannel next the skin. This fomentation may be used for all inflammations and congestions; it will not blister nor wet the clothing of the patient, which is too often the case with other fomentations; does not have to be changed, as one application is usually sufficient. It can be applied much hotter than other fomentations and retains its heat a very long time. For diseases of children leave out the pepper.

"The goat lashed his side in an agonized rage;
He cried in the midst of his pain:
"From Tennyson's latest I've eaten a page,
But I never will do so again.'"

OF SPECIAL INTEREST.

Borax, free boracic acid, and common salt, form the new German antiseptic, chloroborate of sodium.

American microscopes are considered by more than twenty colleges as superior to imported ones.

The proper method of examining a patient for dilatation of the stomach is by percussion after he has drunk a large quantity of water.

Nitrite of Amyl shells to be used in naval warfare are proposed by Weston, the electrician. His plan would be to use a few gallons of nitrite of amyl in each shell, and thinks that such a shell, bursting on deck, would very thoroughly anæsthetize all in its immediate vicinity.

The recent discovery by a New England chemist of a cheap method of dissolving zinc by combining it with hydrogen is regarded as a most valuable one. The product is a solution called zinc-water, and has the property of making wood to which it has been applied absolutely fire-proof, and at a very low cost.

Pure water is good, if not the best drink for bicyclists on the road. Oranges and other juicy fruits are excellent thirst banishers. But one of the best things is to take along a little finely ground oatmeal, which is easily carried. A teaspoonful or two mixed in a tumblerful of cold water quenches the thirst, cools and supports the system and puts life into every vein.

One who has tried it, says that he has substituted a strong solution of common salt as an exciting fluid in the LeClanche and similar batteries, in place of the regular solution of sal-ammoniac, and finds that they work equally well. As sal-ammoniac costs about twenty cents a pound, a considerable expense is saved by using the cheaper salt, and the hint is worth remembering.

A new and ingenious test for detecting the addition of water to milk is reported, based upon the fact that all well and river water contains nitrates of either calcium, sodium, potassium, or ammonium in varying proportions. The presence of either of these, according to the source of the water, may easily be determined in the residue left upon evaporation of the water. These nitrates, in the proportions present in the drinking water, produce a blue color with diphenylamine sulphate. In testing, twenty drops of the diphenylamine sulphate is placed in a saucer and a little of the suspected milk poured into it. In the presence of only five per cent of well water of ordinary quality in the milk, it will gradually assume a blue tinge.

SELECTIONS.

Decline of the Death Rate.

Within 100 years the death rate of all Europe has fallen from thirty-four per 1,000 living to about twenty, and that of England to 18.5. The death rate of the English army has been reduced by more than one-half within the century. In the strict census taking period the mortality of English males has been reduced 2.88 per cent, and of females 7.62 per cent. This adds about one and one-half years to the average life of males and three to that of females. Or, according to Dr. Ogle, a million males will live 1,439,139 additional years, and a million females 2,777,584 years. Each year there is thus placed to the credit of each average million of the newborn a life surplus of about 2,000,000 years. Has the community, then, no debt of gratitude to the medical profession?

If we take the debit and credit of each disease, we get the following table:

Annual deaths per million living in two decennia:

Cause of death.	*1861-'70.*	*1871-'80.*
Small-pox	163	236
Measles	440	378
Scarlet fever	972	716
Diphtheria	185	121
Whooping cough	527	512
Fever	885	484
Diarrheal diseases	1,076	935
Cancer	387	473
Phthisis	2,475	2,116
Hydrocephalus	347	317
Other tubercular diseases	437	445
Diseases of the nervous system	2,785	2,770
Diseases of the circulatory system and dropsy	1,349	1,477
Diseases of the respiratory system	3,364	3,760
Diseases of the digestive system	981	978
Diseases of the urinary system	298	392
Puerperal fever, childbirth	165	167
Violence	765	733
All other and unstated causes	4,815	4,262
All causes	22,416	21,272

The Treatment of Wounds by Implantation of Decalcified Bone.

1. Antiseptic decalcified bone is the best substitute for living bone grafts in the restoration of a loss of substance in bone.

2. In the treatment of bone cavities, antiseptic decalcified bone is preferable to Schede's blood-clot, as it is not only a perfectly aseptic, but at the same time also a strongly antiseptic substance.

3. Implantation of a disk or plate of antiseptic decalcified bone into a cranial defect may be replied upon as a hæmostatic measure in arresting bleeding from the vessels of the diploe, it constitutes a good temporary substitute for the lost portion of the cranium, it prevents the direct union of the brain or its envelopes with the pericranium, and finally, it furnishes the most favorable condition for the production of new bone from the margins and the closure of the remaining defect by a firm and unyielding membrane.

4. The packing of an aseptic bone cavity with chips of antiseptic decalcified bone guards against unnecessary loss of blood and exerts a potent influence in the prevention of infection by pus microbes that might have remained upon the surface of the wound or in the tissues.

5. Capillary drainage by an absorbable drain should be established after implantation for the purpose of preventing the accumulation of more blood in the wound than is necessary to form a temporary cement substance between the bone chips and between the contents of the cavity and the surrounding tissues.

6. In the treatment of an aseptic bone cavity by implantation of chips of antiseptic decalcified bone, the packing answers the purpose of an antiseptic tampon and furnishes the best medium for the growth and development of the tissue resulting from the regenerative process initiated by the trauma.

7. Secondary implantation can be successfully practised in the treatment of a suppurating bone cavity after suppuration has ceased and the cavity can be transformed into the same favorable conditions for healing as an aseptic wound.—*Dr. N. Senn, in Annals of Surgery.*

Anæsthesia during Sleep.

Anæsthesia during sleep is known to be a possibility. Dr. T. Potter in the *Medical Record*, relates a case of a boy to whose arm he wished to apply a plaster dressing. He found his little patient sound asleep. At the solicitation of his family he made the attempt of giving the anæsthetic without waking him. The experiment was completely successful. The patient passed directly from sleep into the artificial anæsthesia, the only signs of irritation being a slight holding of the breath, and a few side-to-side movements of the head just before complete anæsthesia was reached. The dressing lasted twenty minutes; the anæsthetic was then withdrawn, the patient passing into natural, quiet sleep, without the slightest sign of disturbance. He did not vomit during or after the chloroform, and experienced no preceptible ill effects from it. Three and one half hours afterwards, at 2

a. m., he awoke, not having any knowledge of what had occurred, and expressed surprise that his arm had been dressed. The anæsthetic used was chloroform. It was given on a small, thin handkerchief, gradually at first, and with very free admixture of air, near an open window, and was as gradually withdrawn. The quantity used was exactly three and one-half drachms. The supervention of complete anæsthesia was quite sharply marked by the change to regular, deep, easy breathing, and full relaxation following slight rigidity of the muscles of the face and chest.

Stretching the Sphincter Ani as a Method of Cure in Obstinate Constipation.

The theory of the operation is, of course, simple and easy of explanation. When fæcal matter passes from the colon into the rectum, it there arouses the conjoined muscular action which is to expel it. The action of the sphincter muscles is twofold, that of a barrier to involuntary movement, and an aid to expulsion of fæces. The internal sphincter is merely an aggregation of intestinal muscular fibres, and the joint action of both sphincters, in aiding the expulsion of fæces, is the same as the peristaltic movements of the intestines, only much more powerful. Where obstinate constipation of long standing exists, the general condition is usually debilitated. The rectum is distended by hard, dry fæces. The sensibility of its nerves is blunted and the contractile power of its muscular fibres so enfeebled that, even with the aid of the expiratory muscles, it is unable to overcome the resistance of the sphincter to the passage of large fæcal masses. The sphincter is here a barrier merely. It is stimulated to excessive action by the hard mass packed up against it, and cannot grasp and aid in its downward movement.

Where the integrity of the sphincter is lost, as in complete rupture after childbirth, there is nothing to check the involuntary action of the rectal muscles, and involuntary evacuations are likely to result. Where the operation of stretching has been done, the sphincter, no longer able to contract forcibly, offers but a passive resistance to the passage of fæces. It can check the effect of involuntary action of the intestines, but not when the expulsive force of the expiratory muscles are brought into play.

And now a word as to the selection of cases for the operation. There are but few, no matter what the cause, whether of local or general origin, that are not, in my judgment, helped by it. But, as a curative agent, it is strictly applicable to cases whose causes are general, such as habit, improper diet, the abuse of cathartics, enemata, etc.

I do not advocate its employment indifferently. A careful investigation should be made, and an accurate diagnosis arrived at, if possible. The treatment does not end with the operation. It is really but the first step, while the after management is most important. It enables the expiratory muscles to prevent the accumulation of fæcal matter, and gives the rectum time to recover its power and sensibility. It gives the digestive functions rest from the constant and disturbing effect of laxative medicines, and above all, from the constipation itself, which certainly disturbs primary digestion, destroys appetite, and, in its remote effects, produces anæmia and wasting. Rest afforded to the digestive function, I reiterate for the sake of emphasis, is, perhaps, the most important factor in the cure.

As I have said, the after-care is as essential as the operation, and a physician cannot be too careful and positive in laying down rules that he should insist upon being followed. It is as easy for the patient to relapse into the former condition as it was to form the habit originally, if all causes which lead to the trouble are not sedulously avoided. Careful attention must be paid to diet especially. A suitable and proper amount of exercise suited to each individual case should be insisted upon. The skin should be kept in an active condition by bathing or sponging with cold water daily. The importance of regularity of going to stool cannot be too strongly urged.— *Dr. Cleveland, in Medical Record.*

Placenta Prævia.

Three fatal cases of placenta prævia that have recently been seen in consultation, convince me that some more positive and radical views of treatment should be adopted than those suggested in the text-books. For purposes of discussion I submit the following propositions:

1. No expectant plan is justifiable in cases of placenta prævia. The uterus must be emptied as soon as possible after the discovery of the trouble, no matter what the stage of pregnancy may be. A halting, hesitating practice means danger both to mother and child.

2. That the life of the child must not be considered in the treatment of the case.

3. That the manner of emptying the uterus must be left to the individual judgment of the medical man in attendance.

4. That in cases of central adherence of placenta the safest and best practice is to separate the placenta entirely.

5. That in cases where the placenta is adherent in the latero-cervical zone of the uterus partial detachment may be sufficient, but if the hemorrhage is not arrested, the whole mass should be removed and means of delivery at once instituted.

6. That the colpeurynter is the only tampon that can be safely used in these cases — that sponges, silk handkerchiefs and other forms of tampon are nasty, filthy and septic, and should never be employed.

7. That the bi-manual treatment, whenever possible, is the best and speediest form of delivery.

8. That chloroform must be administered in all cases in which manual interference is necessary.

There is no emergency in obstetrics so dangerous, and in which skill, judgment and energy are so necessary, as hemorrhage resulting from placenta prævia. Maternal mortality in these cases is from twenty-five to forty per cent. Of the four last cases that had come under my notice, three proved fatal — two from septicæmia, on the fourth day, and the third from sudden and uncontrollable hemorrhage. The fourth case, which recovered, was treated by a pupil of mine who had lived in the Maternity Hospital, Vienna, for two years, and was thoroughly acquainted with the procedures of that school. Dr. Parvin could not have had much experience in these cases, or he would not have recommended delay or palliative measures as he has done in his recent book. Patients die from two causes, anæmia and septicæmia. Septicæmia becomes essentially fatal in the presence of anæmia. The anæmia is the result of the repeated hemorrhage permitted to take place under the expectant plan of treatment.

Statistics show that in cases of placenta prævia two-thirds of the children perish before the full term and of those that are born alive one-half perish soon after birth; therefore, considerations of humanity would lead us to think only of the safety of the mother; indeed, in adopting measures for her speedy delivery, without regard to the safety of the child, more children would be saved in the end.

The manner of emptying the uterus must be left to the individual judgment of the practitioner.

The colpeurynter is the only tampon that can be safely used. It answers many purposes; it softens the cervix and leads to gentle and gradual dilatation of the os; it relaxes the vagina and soft parts and thus prepares the way for the use of dilators such as Barnes' bags, or even the fingers if practicable. The fingers are the best dilators, and in a majority of cases prove the most efficient agent. The colpeurynter should be filled with hot water, hot as the patient can bear; this should be renewed every hour. Cotton and sponge tampons are a nuisance and should be discarded.

Colpeurysis is, I am sorry to say, little known to the general profession. It is only those who have been educated in Germany who are acquainted with its remarkable usefulness. There is no other means so valuable in the induction of premature labor.

The safest and best mode in cases where the placenta is centrally adherent is to separate it entirely. This arrests hemorrhage and clears the way for further procedures looking to rapid delivery. It is claimed, it is true, that the hemorrhage does not proceed from the placental surface supplied by the tortuous uterine arteries, but from the uterine veins. This may be true to some extent, but when the placenta is removed pressure can be brought to bear on these bleeding vessels and the hemorrhage thus be arrested. Separation of the placenta itself furnishes a source of irritation which excites the uterus to action, but we cannot trust to the mere hemostatic resources of nature. The cases in which there is no uterine action are the most dangerous and require the promptest measures. The manipulation necessary in this condition will generally induce contraction. Astringents and ergot are useless. They only serve to encourage delay when delay means death.

When the head presents and labor pains are active no manual interference is necessary. In cases of this character the hemorrhage is absolutely arrested by the pressure of the head.

The bi-manual plan of delivery, recently brought into use, is no doubt the best and speediest form of delivery; but it is not always practical. The young gentlemen who have recently returned from Vienna describe it as a very easy procedure; but I am quite sure that gentlemen educated in the old school of midwifery will not so quickly recognize its great facility. Of course, if bi-manual version is not effected, turning by the ordinary method is the only alternative.

Since this paper was written, I was called to a case in which I had a fair opportunity to test the bi-manual plan. Mrs. M. had had slight hemorrhages for two weeks. On November 13th, after riding in a car, she had a sudden and very profuse discharge of blood and immediately sent for Dr. Reynolds. The doctor, suspecting the nature of the trouble, invoked my assistance. I found the patient very much alarmed. She had no pains. On examination the os was discovered slightly dilated, sufficiently so to admit two fingers. The placenta, which was partially de-

ached, was found in the left lateral cervical zone of the uterus. The head of the child presented, but it had not entered the pelvis. Pushing it up gently with two fingers and employing the external manipulation suggested by Dr. Hicks, I succeeded without any effort in securing a foot and bringing down the leg. Great violence was afterwards necessary to delivery the child, but notwithstanding this it was born alive and is now well. The mother had not a single unpleasant symptom. The result of this case convinces me that the Braxton Hicks' method is in many instances feasible and should always be attempted. —*Archive of Gynecology.*

The use of tents to produce cervical dilatation is frequently followed by serious inflammation. This is due in the majority of cases to infection through an abrasion in the mucous membrane. No reliance can be placed upon the dry "antiseptic" tents or those prepared by coating them with some antiseptic material. They can, however, be made absolutely safe by keeping them immersed in an antiseptic fluid which does not interfere with their expansibility. Dirner employs a one per cent solution of bichloride of mercury. A 1:1000 solution is safer and perfectly effective. A ten per cent ethereal solution of iodoform is used by Froipout. After disinfection of the vagina the tent is taken from its solution and immediately passed within the cervical canal. No complications have followed tents thus prepared.

In the treatment of erysipelas, furuncle and carbuncle, the parts affected should be energetically painted three or four times daily with tincture of iodine. The bullous form of erysipelas is no counter-indication. Painting is well borne over places unprotected by the clothing, while in other places some irritation is produced which may be rapidly allayed by rubbing with camphorated oil. The infiltration disappears rapidly, and the temperature falls to normal on the second day. The nasal mucous membrane is painted with iodoform glycerine. Furuncles and carbuncles are treated in an analogous manner, and in suppurations a similar procedure is practiced, the wound being freed from pus, painted with iodine, and covered with a cotton dressing.

"Wooden coffin,
Vain regrets;
"Happens often—
Cigarettes!"

I have never seen any cases of tubal pregnancy in which the tube was of great size. More generally this canal enlarges to about the size of a small fist; sometimes to the size of a pullet's egg only; and in the early part of gestation, say in the second or third month, this cyst bursting open, the child escapes into the peritoneal sac, and the woman suddenly perishes by an internal hemorrhage. Many women, I have little doubt, die in this way; but, being buried without examination, the real cause of their death is never ascertained. Three or four tubal gestations of this kind have taken place within the circle of my own obstetric acquaintance; whence I infer that the disease is by no means rare.—*Dr. Blundell.*

In order to test the effect of constant inhalation of dust in flour mills on the animal organism, M. L. Poincarre kept guinea pigs for two years in the most dusty part of a flour mill—that is to say, the department where the corn is cleansed from all extraneous matter by a special machine before being ground. Of twenty animals, ten remained alive at the end of two years. Those that died were mostly young ones. None of these showed traces of tuberculosis, but catarrhal pneumonia with profuse desquamation of epithelium; also in some cases localized interstitial pneumonia and extravasation of blood. Dust, consisting of grains of starch, etc., was found, more particularly on the nasal mucous membrane, but only to a small extent in the bronchi.

The real clue to the nature of ruptured tubal pregnancy is a history of sterility for some considerable time, the arrest of menstruation for weeks or even months, a sudden access of pain and collapse, with repetitions of these attacks. The operation is simplicity itself. Open the abdomen, go at once to the seat of the rupture, that is, the broad ligament, and tie it, for, until you come absolutely to the ligament itself, the tissue is always so rotten and friable that no attempt to arrest hemorrhage in any other way can succeed. Then clear out the debris, putting in a drainage tube. Of course amputation of the ligatured mass is a matter of necessity. No one would ever dream of leaving such a mass to putrefy in the abdomen.—*Lawson Tait.*

MOTHERS who take pride in the weight of their newly-born children should weigh them as soon as possible after birth. Children lose weight during the first three days of life, and the loss sometimes amounts to twelve ounces or more. It takes them nearly a week to regain the weight they had at the time of birth.

Homœopathy in Central New York.

A month ago an organization was formed by some of the leading physicians of Syracuse, called the Syracuse Homœopathic Medical Association. Its officers are Dr. Jay W. Sheldon, President; Dr. S. L. Guild Leggett, Vice President; Dr. J. H. Hallock, Secretary and Treasurer. Under its management has since been organized the Syracuse Homœopathic Free Dispensary, which opened its doors January 1, 1890, with a full staff of officers, including a specialist in surgery, gynecology, ophthalmology and otology, and dermatology.

The matter of "State Medicine" has received the attention of our county society and it was voted that the members be assessed $2.00 each to aid the state committee in its work.

It will probably be decided this winter whether a homœopathic physician must ask an allopathic board if he is competent to practice medicine in this state. The inborn American principle of fair play is so involved that we do not fear the result. The assumption of the allopaths is certainly amusing that they should be allowed practically to control the practice of medicine in this state. What would they say were they obliged to appear before a homœopathic examining board?

With all the remedies they have taken without acknowledgment from our journals and books, in the past few years, I dare say not half a dozen allopaths in New York, could give the characteristic indications for as many homœopathic remedies. As they have not the knowledge necessary to pass such examination, does it appear reasonable that they should be constituted the omniscient censors in the matter?

E. Elmer Keeler, M.D.
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A common cause of constipation in infants is dryness of the stools,—generally due to insufficiency of fluid taken. Whether it be the original cause of the constipation, it cannot continue long without affecting injuriously the peristaltic movement of the bowel. As the colon grows accustomed to distention the muscular contractions begin to flag. If the infant is badly nourished the trouble is aggravated by atony of the muscular walls, and the expulsive force at the disposal of the patient is seriously impaired. A baby whose motions are habitually costive knows well the suffering which undue distention of the sphincter will cause, and often yields to the desire to go to stool only when it is no longer possible for him to resist.—*Dr. Eustace Smith.*

The Alleged Discovery of the Bacillus of Influenza.

Vienna, Austria, January 23, 1890.

In our own chemical and microscopic laboratory we claim to have discovered the bacillus of influenza during the epidemic in Vienna. Our attention was first directed to the numerous capsule cocci greatly resembling the pneumonia bacilli of Dr. Friedlander. When microscopically examined they are in no way remarkable, showing generally the characteristics of pneumonia bacteria and many similar micro organisms, which, however, differ entirely from the Friedlander capsule cocci as they do not color their surroundings and owing to the enormous number in which the cocci were found. We felt called upon early in December to inform practitioners and our scientific confrères of this surprising and unusual find and to point to the possibility of pneumonia being present in these cases. We continued our investigations carefully and our supposition that it was a newly discovered microbe organism which stood in connection with the influenza grew stronger and stronger. We then proceeded to the cultivation of cocci and as soon even as four days discovered colonies which resembled strongly Friedlander's cocci. Deep down in the gelatine they look like round sharply defined granulated organism. When seen on the surface of the gelatine they present the appearance of infinitesimally small porcelain buttons. They showed a characteristic nail shape, but placed alongside the Friedlander cocci the influenza bacilli appeared less brilliant, more bent and crooked. Subjected to aniline color tests the influenza bacilli go through it much like the Friedlander bacilli. Before concluding our statement it may be of interest to add that upon investigation of the Vienna water supply, which we made December 26, we discovered in addition to numerous saprhyten bacteria, some of which the gelatine magnified, some of which resisted the magnifying process, also numerous nail colonies, which under the microscope proved to be deplococci. In regard to the inoculation of animals our experiments are not yet concluded.

Dr. Maximilian Jolles,
Dr. Adolph Jolles Ernest.

Before the London Health Exhibition, Sir James Paget discussed the problem of national health, and very conclusively shows that among the wage earners of England and Wales probably one-fourth of the sickness is preventable. Of the 20,000,000 of weeks lost by about 15,000,000 of the population, 5,000,000 of weeks, more than 95,000 years, of work might be saved.

The New York Homœopathic College and Hospital.

The formal opening of the new buildings of the New York Homœopathic Medical College and Hospital occurred Tuesday afternoon, January 7, at two o'clock, when addresses were delivered by the Dean, Dr. T. F. Allen, LL.D.; Dr. William H. Watson, Regent of the University of the State of New York; Dr. William Tod Helmuth of this city and others.

The buildings are situated on the Eastern Boulevard, between Sixty-third and Sixty-fourth Streets, facing the East River. The college proper is a handsome five-story red-brick structure of the Renaissance style of architecture, and will be the center of a proposed group of buildings which are to be erected as funds are procured. The lots have a frontage on the Boulevard of two hundred feet, and a depth on Sixty-third and Sixty-fourth Streets nearly equal to this. For this land $112,500 was paid. The Flower Surgical Hospital, the gift of Roswell P. Flower, erected at a cost of $30,000, already occupies the southeast corner; and a general medical hospital and a maternity hospital are to be the balancing buildings on the northern side. One hundred and ten thousand dollars was expended upon the college building, making the whole property cost over a quarter of a million dollars. Of this amount, besides Mr. Flower's gift, David Dows and John D. Rockefeller each gave $25,000, several ladies $20,000, and the alumni, faculty, and other friends $50,000. The remaining $100,000 is supplied by a mortgage upon the main building.

This College was chartered as a regular school of medicine in 1861. William Cullen Bryant was the first President of its Board of Trustees, having associated with him in that body Salem H. Wales, Vice President; Theodore W. Dwight, A. Oakey Hall, Daniel Drew, Horace H. Day, Jonathan Sturges, and others. It was the first and for several years the only, medical school in the city to require of its students a three-years' graded course of lectures and preliminary examinations for entrance. Rufus B. Cowing is now the President of the Board of Trustees.

The institution is one of which the homœopathic profession may be justly proud, and its alumni are among the leading physicians of the country.

A CITY is decimated by a pestilence, and it is found that its foundations are honey-combed with cesspools, and its drinking water is diluted sewage. The judgments of God, in the light of these revelations, become no more mysterious than the pains of the child that laughingly thrusts its tiny finger into the brilliant flame only to feel the terrible infliction that follows.— *Dr. H. A. Johnson.*

OBITUARY.

DR. CHARLES L. CLEVELAND.

The following memorial of the late Dr. Charles L. Cleveland was adopted by the Round Table Club, of Cleveland, Ohio, of which he was a member:

We have set aside the formal "whereas" and "resolved" for the simpler phrase of common speech, better suited to express our love, our sorrow, and our remembrance. In August last twenty-five homœopathic physicians formed the Round Table Club. Amongst us all there was none more full of life and its cheer, of hope and its promises, than Dr. Charles L. Cleveland. When we heard of his death we could scarcely believe that he, who had been all health and strength, lay lifeless. Then we followed his body to the grave.

We meet to-night; for the first time his place is vacant. There remain only memories. We think of the kind face; the generous heart; of the ready hand that never waited to balance claims and service. The man we mourn to-day was one of the few staunch defenders of the homœopathic faith. One of the few who were faithful to the trust imposed upon him to the end. Though yet a young man, his teaching as professor of materia medica and his contributions to the journals of our school, his great industry, his sound and logical reasoning, his unexcelled ability for the analysis of drugs, were causes for his success and gave great promise of soon placing him at the head of his profession as a physician, a teacher, and especially a writer. His worth, his kindness, his courteous manner, and constant readiness to assist his professional brethren by his counsels, will cause his name to be long held in affectionate remembrance. We are sure the profession will join us most heartily in an expression of sympathy for his bereaved widow and children. May He who alone has the right to say, "Let not your heart be troubled," speak to them in their loneliness and loss and comfort them with His presence and His love. Of him it may indeed be truly said: "He hath done what he could."

DR. H. R. CLARK.

Dr. H. R. Clark (U. of M., '80), of Beloit, Wis., died January 20, 1890.

THE Homœopathic Medical Society of the State of Kansas has issued its announcement for 1890. The meeting will be held at Salina, beginning the first Wednesday in May. Dr. T. P. Cook, of Clay Center, is president.

MISCELLANY.

The Lambert Pharmacal Co., of St. Louis, have sent complimentary copies of "Monographs" by a number of prominent physicians, including Dr. Wm. Tod Helmuth's paper, "The Status of Antiseptic Surgery."

In the January *Century* the next to the last installment of "The Life of Lincoln" appears. This installment contains a graphic account of Lincoln's last day and his assassination, also a chapter on the fate of the assassins and a description of the mourning pageant. There is a portrait of Andrew Johnson.

The 8th yearly issue of the "International Medical Annual" (for 1890) is announced for early delivery. The Prospectus gives promise of excellencies surpassing all former editions. Its thirty-seven editors in the several departments are to give a summary of New Remedies alphabetically arranged, also a résumé of New Treatment in Dictionary form; with references to the Medical literature of the world pertaining to the year's progress of medicine. Such a practical and helpful volume is of inestimable value to the medical profession. In one volume of about 600 octavo pages; price, $2.75, post free. E. B. Treat, Publisher, 5 Cooper Union, New York.

Volume XI. of Alden's Manifold Cyclopedia carries the work from Debt to Dominie. The 640 pages are packed with information of just the kind which the vast majority of reading people desire to obtain. Like its predecessors it is truly *manifold* in its character. In a single work it gives an unabridged dictionary and a cyclopedia of information which is ample for practical use and is fully reliable. This is emphatically *the* cyclopedia for the people, and the extremely low price—only 60 cents a volume in cloth, or 85 cents in half morocco — brings it within reach of all. The reduced rates which are given to early purchasers, the price advancing with the issue of each volume, are for the first eleven volumes in cloth binding $5.00, or $7.20 for half morocco, if ordered at once. John B. Alden, Publisher, New York, Philadelphia, Chicago or Atlanta.

In addition to the "opinions" touching the single board question, as published on page 44, we have received a great many others too late for insertion. The writers will please accept our thanks for the attention they have given the matter, and be assured that nothing but the late date of their reception has prevented their appearance.

OPINIONS EXPRESSED.

The Era I highly appreciate. — *Dr. Cora E. Taylor; Chicago.*

The Era is the most interesting journal I can find.—*Dr. E. J. Ray; Ohio.*

I could not possibly get along without the Era.— *Dr. T. H. Oliver; Michigan.*

Every number of The Medical Era receives a hearty welcome.— *Dr. C. H. Bolles; Iowa.*

The Era maintains its place as among the invaluables.—*Dr. W. E. Hathaway; Tenn.*

I got my two dollars' worth out of the January number.—*Dr. M. L. English; Illinois.*

The Medical Era is the most valuable and practical of all my journals.—*Dr. C. A. Rowley; New York.*

The Era is the most satisfactory medical journal that I have found.— *Dr. L. A. Wolcott; Wisconsin.*

I can say nothing too good of the Era as a first-class medical journal.—*Dr. J. M. Patterson; Kentucky.*

The Era is decidedly the best medical journal out of the seven that I take.— *Dr. Eliza L. Whiteley; Iowa.*

To me The Medical Era is the only journal worth making a card index for.— *Dr. F. C. Freeman; California.*

Firstly, I desire to say that I am much pleased with The Medical Era.—*Dr. William L. Flemming; New York.*

I am more than pleased with the Era and its practical way of dealing with things.—*Dr. Jos. S. Garrison; Penn.*

The article on "Lavage of the Stomach," in the September Era, is worth more than the price of a year's subscription to any live physician.— *Dr. A. Mitchell; Wisconsin.*

I look forward with pleasure to the appearance of the Era every month. I like its independence and the wide range of medical literature which it contains.— *Dr. R. E. Tomlin; Pennsylvania.*

For a fellow in the hands of the *grippe*, whose ribs have been severely fractured and inverted; muscles beaten and torn; bones pounded and crushed, and his anatomy in general wickedly and cruelly wrenched asunder, the January number of The Medical Era is the best medicine I know of.—*Dr. J. W. Coolidge; Pennsylvania.*

"Doctors are the Devil's progeny,
"While Surgeons come from God."
—*Ancient adage.*

THE MEDICAL ERA

COMBINED WITH

THE MEDICAL COUNSELOR.

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Requests for copies "not received" must be made within 30 days of date of publication.

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PERSONAL.

DR. M. JAY BROWN, Salina, Kas., is the recording secretary of the Homœopathic Medical Society of the State of Kansas, and to him all inquiries should be addressed.

DR. D. M. NOTTINGHAM, of Lansing, President of the Michigan State Homœopathic Medical Society, writes that the prospects for the next annual meeting are very flattering. He says: "There has never been a time in the history of homœopathy in this State when unity of action on the part of the profession was more important. Every homœopath should consider it his personal duty to attend, and place the school upon safe ground in the matter of medical legislation."

C. L. CLEVELAND, M.D.

It is with much regret that we are compelled to announce the death of Dr. C. L. Cleveland, Professor of Materia Medica in the Homœopathic Medical College and Hospital of Cleveland, Ohio. Dr. Cleveland died January 14, 1890, after a short illness.

HOSPITAL ACCOMMODATIONS.—The Maternity Ward of the Homœopathic Hospital of the University of Michigan will receive, free of charge, a number of patients who are approaching the period of confinement. Address R. S. Copeland, M.D., Resident Physician.

DR. W. A. DEWEY, in connection with his associate, Dr. Boericke, will issue a new edition of "The Twelve Tissue Remedies." It will be entirely rewritten. Many physicians are using the tissue remedies, and there is no better text-book on the subject than this one of Dr. Dewey's.

GROSS & DELBRIDGE'S PUBLICATIONS.

A TEXT BOOK OF GYNECOLOGY, designed for the Student and General Practitioner. By A. C. Cowperthwaite, M.D., Ph.D., LL.D., Prof. of Materia Medica and Diseases of Women in the Homœopathic Medical Department of the State University of Iowa; President of the American Institute of Homœopathy; author of "A Text-book of Materia Medica," "Insanity in its Medico-legal Relations," etc., etc. Price, in cloth, $5.00; sheep, $6.00.

DISEASES AND INJURIES OF THE EYE. A Practical Treatise on the Medical and Surgical Treatment of the Diseases and Injuries of the Eye. By J. H. Buffum, M.D., O. et A. Chir.; Professor of Ophthalmology and Otology in the Chicago Homœopathic Medical College. 428 pages. Containing 150 wood engravings and 25 colored lithographs. Cloth, $4.50. Postage, 20c.

THE PHYSICIAN'S CHEMISTRY. By Clifford Mitchell, A.B., M.D., author of "Student's Manual of Urinary Analysis," "Clinical Significance of Urine," "Practitioner's Guide to Urinary Analysis." 1886. 301 pages. Price, $1.75. Postage, 10 cents.

HOW TO FEED THE SICK. By Charles Gatchell, M.D., author of "Key-Notes of Medical Practice," "Treatment of Cholera," "Haschisch," etc.; Attending Physician to Cook County Hospital. Third edition, enlarged. Cloth, $1.25. Postage, 8 cents.

DISCOUNTS. A discount of twenty (20) per cent will be allowed physicians on all books in this catalogue, excepting those marked *net*.

Remittances may be made by Bank Draft, P. O. Money Order, or Registered Letter at the risk of the undersigned,

GROSS & DELBRIDGE,
48 Madison St., CHICAGO.

ERRATUM. In ERA of January, p. 24, under "New York," for "Kali muriaticum," read "Kali chloricum is the only drug that produces true gangrene of the mouth."

THEY SAY

That laughter is the poor man's plaster.

That the best way to cure a corn is the shoe-rest.

That the liquor question is an absorbing topic.

That a fly on a bald head occupies a very ticklish position.

That where there's a will there's a way to break it.

That it takes a genius to know how to live with a genius.

That many a man is lucky if he gets milk of the first water.

That the original meaning of "nostril" was "nose-drill."

That some men have to die in order to head a procession.

That he laughs best who gets the laugh on the other fellow.

That ignorance of the law excuses no one except a policeman.

That the man who attempts to flatter you takes you for a fool.

That the best place to hold the world's fair is about the waist.

That the divinity that shapes our ends is generally our divine self.

That the nameless journal has found some one to do its dirty work.

That Americans who affect to be English are always full-blown snobs.

That the way of the transgressor is hard—it has been so often traveled.

That the Italians ascribed it to the influence (*influenza*) of the stars.

That when a man is all broken up he's generally pretty well broken down.

That a Boston man has discovered a method of making whisky out of beans.

That woman was made after man, but man has made after woman ever since.

That the best talker is always the one whose opinions agree with our own.

That if people had to follow their own advice there would be less of it offered.

That next to having a friend you can trust is to have a friend who will trust you.

That there is always something to do; when everything else fails, you can worry.

That several doctors in Chicago have lost their grip, and they are awfully glad of it.

That our neighbor's boy says the oil that calmed the troubled waters wasn't castor oil.

That it may be that the world owes every man a living, but it is hard for some men to prove it.

That the proof of the pudding is in the eating, and of the mince pie in the digestion thereof.

That conceited men should be treated as boys treat bladders—blow them up till they burst.

That manners make the man, and this explains the underdone condition of some people.

That you would better not growl about this world until you are sure that you are going to a better one.

That the conceit of some people is so strong that they admire their mistakes because they make them.

That it costs one million dollars a year to keep the streets of New York in their usual filthy condition.

That habit is so strong that the doctors are now saying "la pneumonia," "la rheumatism," and "la ryngitis."

That women may not be the greatest inventors, but it is strange how apt they are in discovering new wrinkles.

That the mayor of a western town said he wouldn't let the dead past bury its dead unless it took out a burial permit.

That the only way in which you can teach an allopath to practice homœopathically is to make a homœopathist of him.

That the epidemic made the young doctors rub their hands in joy, while the old doctors wished they had never been born.

That a prophetic nature is unprofitable—if you prophesy wrong nobody will forget it; if you prophesy right nobody will remember it.

That it is an error to say that some men are inclined to be bald; no man is ever inclined that way—it is always decidedly against his inclination.

That what appears to be a case of yellow-fever has created a great sensation at Key West, but, since the diagnosis is not clear, the people are waiting for the doctors to settle the keywestian.

That there is a man in Bogota, South America, who has no eyes, his face being smooth where the eyes ought to be; he is the greatest curiosity on record excepting a doctor down in New York, who thinks he can make people honest by changing their names.

ELECTRICITY IN GYNECOLOGY.

By JAMES C. WOOD, M.D.
UNIVERSITY OF MICHIGAN.

Nosology.	Pathology.	Symptoms.	Indications.	Treatment.
AMENORRHŒA.	Imperfect development and mal-nutrition; Atony.	Presence or absence of molimina (prognostic); Nervous depression.	Stimulation and improved nutrition.	*Faradization.*—General or local. (Rockwell.) *Galvanization.*—Central or local, negative pole direct.
DYSMENORRHŒA.	Depressed nervous tone.	Hyperæsthesia; Neuralgia; Absence of local disease.	Sedation. Occasionally stimulation.	*Sedation.*—Galvanization, with positive pole direct. *Stimulation.*—Faradization, direct or indirect.
SUBINVOLUTION. (ACUTE.)	Congestion.	Hypersecretion.	Stimulation and Contraction.	Direct Faradization.
SUBINVOLUTION. (CHRONIC.)	Hyperplasia.	Deficient secretion; Hystero-neuroses.	Absorption of fibrous tissue and improved nutrition.	*Galvanization.*—Negative pole direct. Electro-puncture (Apostoli).
SUPERINVOLUTION.	Atrophy.	Amenorrhœa.	Stimulation and improved nutrition.	Direct Faradization. *Galvanization.*—Negative pole direct.
OVARALGIA.	No tissue change.	Hyperæsthesia.	Sedation.	If pressure aggravates—Galvanization. If pressure ameliorates—Faradization. (Rockwell.)
CHRONIC OVARITIS.	Congestion and inflammation.	Hyperæsthesia.	Sedation.	*Galvanization.*—Positive pole direct.
CHRONIC PELVIC INFLAMMATION.	Pelvic congestion; Exudation.	Hyperæsthesia; Pressure and reflex symptoms.	Sedation; Absorption and relief of local congestion.	*Sedation.*—Galvanization, positive pole direct. *Absorption.*—Galvanization, negative pole direct. Electro-puncture (Apostoli).
UTERINE DISPLACEMENTS.	Congestion; Inflammation; Atony.	Depend upon tissue changes.	Depend upon tissue changes.	*Congestion.*—Galvanization and Faradization (positive pole direct). *Inflammation.*—Galvanization (positive pole direct). *Atony.*—Faradization. (In antiflexion, direct electrode in the rectum; in retroflexion, direct electrode in the bladder.)

THE MEDICAL ERA

COMBINED WITH THE MEDICAL COUNSELOR. DEVOTED TO HOMŒOPATHY AND THE ALLIED SCIENCES

VOL. VIII. CHICAGO, MARCH, 1890. No. 3.

EDITORS:
CH. GATCHELL, M.D.,
D. A. McLACHLAN, M.D.

This association shall be styled the AMERICAN INSTITUTE OF HOMŒOPATHY, and *its object the improvement of homœopathic therapeutics and all other departments of medical science. — Constitution, Article I.*

THE NATIONAL ASSOCIATION.

The American Institute of
Homœopathy
will meet at
Waukesha, Wisconsin,
in the month of June, the 16th day,
A. D. 1890.

HOW TO RUN A MEDICAL JOURNAL.

Who ever heard of an editor suffering for want of suggestions?

We are reminded anew of the great freedom with which such favors are showered upon the fraternity, by a letter received this day from an esteemed correspondent, who complains that the MEDICAL ERA of last month did not contain enough matter consisting of articles devoted to the homœopathic treatment of disease to satisfy his longing.

By way of preliminary remark we wish to express our gratification at the fact that the longing exists, and we trust that the ERA has had no little to do with creating it.

But let us see what our correspondent asks:

In a journal like the ERA, which is devoted to "Homœopathy and the Allied Sciences," or, as the constitution of the American Institute and the charter of the Illinois Homœopathic Medical Association put it, "Homœopathy and Medical Science in General," he has a right to expect that at least five — from that to ten — pages of the thirty-two shall have published in them original articles on homœopathy. In this we quite agree with him.

But, at this point, we wish to call upon our correspondent for another suggestion:

Where shall we get these articles?

If he will give a satisfactory answer to this question he will solve a problem we have puzzled over in vain, which will bring joy and gladness to many a weary editor.

Does our correspondent suppose that we have a host of such articles in reserve, which, for some unexplained reason, we are holding back? Or, that we have chucked them all into the waste-basket? Or, that we have used our good postage stamps in returning them to the writers?

Not so! We have a habit of accepting, with many thanks, everything of the kind that offers. In February we put it all on page thirty-eight, leaving our pigeon-holes empty.

And in the midst of our predicament along comes our esteemed correspondent and finds fault with us!

Truly, the ways of an editor are hard!

Now, we know that our correspondent will say: "If we do not receive articles of the class named, it is our own fault; something must surely be lacking in our methods, or our pigeon-holes would be full."

But in this he is again in error. It is *his* fault, and the fault of others occupying the position he does. We have this minute looked through every volume of the ERA, from Vol. I., No. 1, to the "February number," and we fail to

find a *single contribution from his pen! Not once* has he favored the ERA with an article on homœopathy, or on anything else!

Doctor, you have no right to say a word. If you, and others, will go on year after year practicing homœopathically, and enjoying the benefits to be derived from our method, without making a single contribution to the literature of homœopathy, by what right do you find fault with the editor who is doing his level best? Do you not see that you are simply fault-finding with yourself and with your colleagues? Have you not, in the past twelve years, had a piece of experience to relate? Have you not, in an active practice since 1878, developed *something* worthy of record in the application of homœopathic remedies? If so, then why have you not sent it to us? If not, why expect others to do what you fail to do?

You may reply that you have done so, and that we will find your contributions in some other journals. But this would be no answer at all. It is the ERA that you have undertaken to criticize.

Again, our correspondent may say that *other* journals have articles of the kind to which he refers.

Do they? Let us see:

On the desk before us lies a carefully arranged pile of twelve journals representing the leading monthly homœopathic periodicals for a single month of this year. We will refer to them by number:

No. 1 contains five pages (the matter would go into three pages of the ERA) of the class to which our correspondent refers;

No. 2 contains two pages (equivalent to one page of the ERA);

No. 3 contains four pages (two and one-half of the ERA);

No. 4 contains two pages (one of the ERA);

No. 5 contains one and one-half pages (one of the ERA);

No. 6 contains none;

No. 7 contains five pages (three of the ERA);

No. 8 contains two pages (one of the ERA);

No. 9 contains eight pages (four of the ERA), none of which, however, would be available for our columns, since we offer no attractions for matter of the peculiar kind;

No. 10 contains five pages (three of the ERA), the paper consisting of a report of 131 cases of grip treated, and 105 cured(!), with "Lac caninum," while Hahnemann's chief remedy, Arsenicum, comes in for but a paltry half-dozen;

No. 11 contains two pages (one of the ERA);

No. 12 contains five pages (two and one-half of the ERA).

It all figures up in this way:

If the ERA had had offered to it, and had published, all the papers appearing in the twelve leading homœopathic journals for the month in question, they would have fallen short of filling the ERA by *nine pages;* and after deducting the really bad (for we do not, by any means, consider everything that appears in print as being worthy of our pages), *but fourteen pages of matter would remain!*

Now, doctor, while the ERA is ambitious, and willing that "others may follow" etc., yet we are conscious that it is impossible that we should have *all* the good things that are going. When there are only fourteen pages of matter to be distributed among thirteen journals, we think that we came *pretty near* getting our share! Remember: one poor fellow drew a blank.

While on the subject, we will enter into one more explanation for the benefit of our correspondent:

This whole matter is largely one of climate and season. At this time of the year physicians are not engaged in writing articles for the journals and sending them off to gladden the hearts of editors, but are saving up all their valuable knowledge to be incorporated into the papers which they are preparing for the Society meetings in May and June. There is always a dearth of material at this season. Professors are busy with lectures; the country doctors are hard worked in hard weather; all have their thoughts fixed on the spring meetings, and *then* the deluge will come! We shall have an embarrassment of riches. Papers by the score will come to us, — papers, the subjects of which are being thought over, and the matter of which is being thought out, at the present time by doctors in all parts of the land. All the intervening months the editor is kept in waiting, and all this time the correspondents who

do not stop to consider are writing letters suggesting that just a little more diet of a particular kind would be very acceptable.

Doctor, the "homœopathic paper" that you crave is a summer vegetable. You must wait.

We wish to relate a very singular coincidence:

On our desk, as we write, our correspondent's letter lies open before us. At its side, margin to margin, lies another letter. In several respects there is a great similarity between the letters: Each one is written on, and just covers, one side of a single sheet of notepaper; and each one bears *precisely* the same date—Feb. 14th. But here the similarity ends. From the second letter we copy these words:

"I can find no fault with your journal; and while my commendation of it is honest and sincere, I trust it will cause you to forgive my past neglect."

We do not enjoy the personal acquaintance of the writer, and we never solicited an opinion concerning our journal from him or from any other man, but we know him to be a true and consistent homœopath, a graduate of a homœopathic college, who has practiced for twenty-five years.

In the past sixty days we have received, all unsolicited, not a few, but a great many letters of like tenor to the above. We mention this fact simply to indicate to our correspondent that other homœopathic physicians must have taken into consideration facts of which he lost sight; facts which we have tried to make clear in the present writing.

We are satisfied that our correspondent meant well, and we have tried to meet him in a like spirit. It is in a similar spirit of well meaning that we note his appeal to "let up a little on DR. GUERNSEY." But this comes to us too late, for we had *just got through*. But, even if it were otherwise, his appeal would not have the slightest effect. If we should permit ourselves to be influenced by every suggestion received, we could get a thousand a month, and soon the ERA would be as steadfast as the wind, as fixed as a wave, and as stable as a statue of salt. Its friends would fail to recognize it; its enemies would rejoice. It would please no one, not even its editors. For more than four years we have managed to conduct the editorial department of THE MEDICAL ERA, and we think we will try it a while longer.

Finally, doctor:

Do you not think that we are disposed to give you all the good homœopathic articles that we can get hold of?

Do you not think that the "February number" fell only a little short of its share of the fourteen pages?

Do you not think that our explanation of the dearth of material at this season of the year is correct?

Do you not think — taking the year through — that you get a fair proportion of "homœopathy and medical science in general"?

Do you not think that some slight responsibility in the matter rests upon you?

THE PROFESSION DEMANDS A SEPARATE BOARD.

The profession is committed in favor of the separate board system.

The flood of letters which we called forth has not yet ceased. Their publication would fill the ERA. Medical societies from Washington in the West to New York in the East, are also taking action. The New York Society, at its recent meeting, the proceedings of which we publish, not only reported progress by its committee on legislation, but also elected a president in accordance with these views. DR. GEO. M. DILLOW was the unanimous choice of the society, not only as expressing its appreciation of his eminent fitness for the position, but also as a recognition and endorsement of his recent action in defense of the best interests of homœopathy. Thus the State of New York proclaims to the entire profession her commitment to the separate board system, and her confidence in DR. DILLOW as her most distinguished representative of the issue of the day.

THE MEDICAL ERA most respectfully invites the American Institute of Homœopathy to meet in Chicago in the month of June, A. D. 1893.

ORIGINAL ARTICLES.

HYDROCYANIC ACID; A LECTURE.

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IN the study of individual drugs my general plan will be to state first, the source or sources from which the drug may be derived, and facts of interest or importance regarding its physical, chemical or other properties not dynamic; then, its pathogenetic effects upon the lower animals, so far as these effects seem to aid us in understanding its pathogenetic effects upon man; then, its pathogenetic effects upon man (these last mentioned effects, and no others, belong in the materia medica pura), in connection with which I shall mention some therapeutic uses of the drug. I shall then speak further of therapeutic uses, so far as it seems well to do so; and, when the drug under consideration is a poison capable of producing alarming or fatal effects, I shall lastly speak of treatment proper in case of such poisoning.

In the study of the pathogenetic effects of a drug upon human beings, my general plan will be to consider: first, effects observable post-mortem, where such obtain; then, the ante-mortem effects, so far as known, of large doses; then the effects of small doses, as recorded in provings of the drug.

The first drug that we shall study is Hydrocyanic, or Prussic Acid. In its pure, anhydrous state this acid is a compound of cyanogen and hydrogen, its chemical formula being HCN or HCy; it is the hydride of the radical cyanogen. Pure hydrocyanic acid is a colorless liquid, extremely volatile, and frequently described as having the odor of bitter almonds. Of its odor George B. Wood says: "The reader must not confound this odor with that of bitter almonds. To me the two are quite distinct" (*a*); and Wharton and Stillé say: "Its *odor* is popularly supposed to resemble that of bitter almonds, but this notion is incorrect. It may have something of this odor, sufficient perhaps to recall it, and this peculiar smell may be recognized by some persons and not by others, but the impression usually made by it is indistinct, with the exception of a peculiar involuntary constriction of the fauces" (*b*). I shall have occasion to speak further of this *peculiar involuntary constriction of the fauces*. Outside of chemical laboratories anhydrous hydrocyanic acid is rarely seen. The Acidum Hydocyanicum Dilution of the United States Pharmacopœia is a 2% solution of the anhydrous acid. A solution composed of equal parts of distilled water and this 2% dilute acid contains the same quantity of the strong acid as does our first centesimal dilution.

Of hydrocyanic acid Pereira says: "It may be readily procured from many *vegetables*, more especially those belonging to the sub-orders *Amydaleæ* and *Pomeæ;* as from bitter almonds, apple-pips, the kernels of peaches, apricots, cherries, plums and damsons; the flowers of the peach, cherry-laurel and bird-cherry; the bark of the latter, and the root of the mountain ash" (*c*). Though hydrocyanic acid is obtainable from these vegetables, it does not exist ready formed in them, but is the result of the reaction of water upon amygdalin in the presence of a ferment, emulsin (*d*).

Hydrocyanic acid is one of the most energetic and rapidly fatal poisons known. Dr. S. O. L. Potter says that of the dilute acid forty minims have proved fatal, and that of the strong acid half a grain has (*e*). "The vapor of anhydrous prussic acid, if respired, would prove almost instantaneously mortal" (*f*); and prolonged exposure to this vapor, even very greatly diluted, has caused in artisans serious poisoning evidenced by dynamic effects of the drug (*g*).

When applied to the skin hydrocyanic acid "passes through the epidermis and paralyzes the ends of the sensory nerves below, so that the part becomes numb, and tactile sensation is diminished or destroyed" (*h*.) Because of this property, hydrocyanic acid has been frequently applied externally in lotions as a palliative when a patient is suffering from neuralgia, or from the itching and tingling of various cutaneous affections. Though this practice seems reasonable, I think I should never resort to it; if, however, it commends itself to you, please remember how virulent a poison this acid is—that, in the lower animals, fatal poisoning has been caused by the local application of the strong acid to the eye, the rectum, or to wounds (*i*), the constitutional symptoms appearing almost as rapidly as if the poison had been swallowed (*j*).

Moreover, a man has been fatally poisoned by the acid entering through a wound in the hand (*k*). Of using this acid as a local anodyne, Farquharson says: "We may thus hope to alleviate the tormenting irritation often attending *prurigo* and *eczema;* but we must be careful never to let the lotion come in contact with any abrasion on the surface, as prussic acid is very readily and rapidly absorbed" (*l*). All who believe in this external use of the drug insist upon its being resorted to only with caution. It seems to me that such use is not justifiable.

There is no tissue-change recognized post-mortem as peculiar to poisoning by hydrocyanic acid. A glistening, staring appearance of the eyes is often noted, but Pereira says that this is neither constant nor peculiar (*m*), and other

toxicologists are of his opinion. There is usually a venous congestion in brain, spinal cord and their membranes, in the heart, lungs and abdominal viscera, and often there are ecchymoses in these tissue; but this congestion and these ecchymoses are sometimes absent, and never is there anything recognized which distinguishes them from similar conditions due to causes, other than hydrocyanic acid, of fatal asphyxia or heart paralysis. As you might infer from what I have just said, death from hydrocyanic acid seems immediately due to effects upon the action of the heart, or upon the respiration, or upon both. In the cases most promptly fatal, death seems due to a sudden arrest of the heart, caused partly by the depressing influence of the drug directly upon the motor ganglia in the cardiac muscle, and partly by the stimulating influence of the drug upon the inhibitory fibres of the vagus at the vagus centre. In the cases less promptly fatal, death seems due to a slowing or paralysis of the respiratory movements, caused chiefly by the effect of the drug directly upon the respiratory centre in the medulla oblongata (*n*).

By this acid death may be caused so promptly as to allow little or no opportunity for the observation of ante-mortem effects. A few minutes, sometimes half an hour or more, may intervene between the taking of the poison and the occurrence of death. A general idea of ante-mortem effects observed in cases of fatal poisoning with hydrocyanic acid is afforded by the following, which I quote from Reese: "*Symptoms.*—These vary with the size of the dose. A large dose — half an ounce to an ounce of the diluted acid — may produce symptoms in the act of swallowing, or in a few seconds after. They are seldom delayed beyond one or two minutes. Tardieu describes them as 'coming with lightning-like rapidity.' There is an immediate loss of muscular power, with giddiness; the person staggers and falls to the ground; the respiration becomes hurried and gasping; the pulse imperceptible; the eyes glassy and protruding; the pupils dilated and insensible to light; the extremities cold; and sometimes convulsions occur. Toward the last, the breathing is performed convulsively, in sobs. Sometimes the bladder and rectum are evacuated involuntarily. As regards the peculiar *cry* or shriek, such as is often heard in animals poisoned by prussic acid, the experience of all observers is against its existence in the human subject. The face is livid or pallid, the jaws spasmodically closed; there is frothing at the mouth, occasionally bloody; often the peculiar odor of the poison can be detected in the breath; death occurs sometimes in a violent convulsion; at others it is preceded by coma, with stertorous breathing. This latter symptom (stertorous breathing) is of considerable medico-legal importance, since it might easily lead to a mistaken diagnosis for apoplexy" (*o*).

The Provings of hydrocyanic acid have not been very many: a number, however, are given in the Cyclopædia of Drug Pathogenesy, which is being edited by Dr. Richard Hughes and Dr. J. P. Dake. From the Provings, and from records, which are numerous, of more or less serious poisoning of human beings by prussic acid, I have constructed this schema, which I place upon the board, of *unmodified dynamic effects producible in human beings by hydrocyanic acid.*

[Characteristics are italicized. Numbers refer to text below.]

Mind and head.— Faintness, dizziness, giddiness, vertigo; confusion of intellect; loss of consciousness; a sense of weight and pain in the head; a feeling of distension, or of constriction, in the head; stupor or profound coma.[1]

Nerves of general sensibility.— Numbness.[2]

Motor nerves.— Spasmodic twitching of muscles: *e. g.*, risus sardonicus. Convulsions, clonic or tonic: *e. g.*, epileptiform convulsions, opisthotonos, emprosthotonos. *Motor paralysis.*[3] —*Trismus.*[4]

Muscular system.— General weakness; limbs flaccid; staggering gait, or inability to stand.[5]

Face.— Darting pains over the eyes; duskiness of the countenance; swelling of the face.

Eyes and ears.— Dimness of vision.[6] *Eyes glistening and prominent.*[6] Pupils almost always dilated and unaffected by light.[7] Buzzing, roaring and various subjective sounds in the ears.

Alimentary tract.— Salivation: sometimes with ulceration of the mouth.[8] *A feeling of irritation in the throat. A feeling of constriction of the fauces.*[9] Nausea. Vomiting.[10] Audible rattling or gurgling in the œsophagus, stomach or bowels (?).[11] A feeling of heat in the epigastrium diffusing itself over the whole abdomen and even to the entire surface. *A feeling of emptiness in the stomach, and a craving for food.* Abdomen distended with flantus. Involuntary evacuation of fœces.

Respiration. — Irritation in the larynx or trachea.[12] *Difficult or laborious respiration.*[13] Respiratory movements are usually rendered slow, deep and gasping — or heaving and sobbing — sometimes stertorous. Respiratory movements are sometimes rendered rapid — sometimes convulsive. *A feeling as if the chest were constricted.*[13] A peculiar forced and prolonged expiratory movement.[14] Noisy, rattling respiration (?). Coughing, with expectoration of a little opaque, whitish mucus (?).

Heart and circulation.— Frequency of pulse is usually diminished, sometimes increased: the force of the pulse is usually, if not always, weak-

ened. *Pain in the precordial region.*[15] *Palpitation of the heart.*[15]

Temperature.— In the extremities a fall of temperature: in the trunk at first a rise, then a fall of temperature.[16]

Urinary system.— Involuntary evacuation of bladder. Diminution in the amount of urine passed.

Skin.— Urticaria-like eruption (?).[17]

Other effects.— *A sense of weariness and an inclination to sleep.*[18] *Alternate wakefulness of somnolency.*

[1] I have already alluded to the rapidity with which the dynamic effects of this drug may be induced. These effects — stupor and coma — are often very promptly produced by the drug. Contrasting the coma of hydrocyanic acid with that of opium, Taylor says: "In opium, the coma comes on gradually, and is seldom seen until after the lapse of a quarter of an hour. In poisoning by prussic acid, coma is rapidly induced; even in weak doses, insufficient to prove fatal, this symptom is rarely delayed beyond two minutes" (*p*).

[2] I have before stated that local anæsthesia can be produced by local applications of this drug, and quoted Brunton to the effect that the acid locally applied "passes through the epidermis and paralyzes the ends of the sensory nerves below." It seems probable that the numbness caused by internal administration of the drug is also due to the action of the acid in the circulation directly upon the sensory nerves, first at their peripheral ends: it is perhaps conclusively demonstrated that in some of the lower animals numbness due to internal administration of the drug is due to such action. Brunton says: "That the afferent nerves are paralysed before the cord is proved by the fact that when frogs are poisoned with prussic acid, and afterwards with strychnine, slight irritation of the sensory nerve-roots will cause tetanus, after irritation of the periphery has ceased to produce any effect" (*q*). In trying to get light upon our study of Materia Medica Pura from experiments, such as the foregoing, upon one of the lower animals, we must always remember that the dynamic effects of a drug upon a lower animal may be quite different from its dynamic effects upon man: in regard to the very drug we are studying, a fact seems to be that, though to man it is one of the most rapidly fatal poisons known, in some instances the horse and hyæna have been insusceptible to its dynamic power; in some cases, however, horses have been killed by it (*r*). There is no question that in human beings numbness is produced by internal administration of this acid. The bearing, at this point, of the experiments here spoken of upon lower animals is simply upon the question, whether this numbness in human beings is due to the drug's action in the circulation directly upon the sensory nerves—first, at their peripheral ends; probably it is.

[3] In regard to the motor paralysis and general weakness of the muscular system producible in human beings by the internal administration of hydrocyanic acid, we may infer, largely from experiments on lower animals, that they may be due to the action of the drug in the circulation directly upon the tissue of the brain, or of the spinal cord, or of the motor nerves, or of the muscles themselves, or to various of these actions combined (*s*).

[4] Trismus seems one of the most characteristic dynamic effects of hydrocyanic acid. It is an effect all but constant in cases of serious or fatal poisoning by the drug, and is often very marked even when there is general muscular relaxation of the whole body excepting the lower jaw. The disease-effect, trismus, I should regard as a marked indication for the administration of hydrocyanic acid; but in a given case effects other than trismus might, of course, lead to the selection of some other remedy. Hydrocyanic acid is not the only drug having trismus among its pathogenetic effects: trismus is markedly produced by nux vomica or its alkaloid, strychnine; but trismus caused by strychnine usually will be less marked than tetanic spasms affecting parts of the body other than the lower jaw, and will appear as rather a late symptom of the poisoning. In many cases human beings poisoned by hydrocyanic acid will have no general convulsions, trismus being the only spasm noted (*t*).

[5] Christison, as cited the Cyclopædia of Drug Pathogenesy, records temporary blindness as appearing in a man who had, on account of chronic catarrh, taken daily for two months ten drops of Ittner's acid. This preparation was, I think, a ten per cent solution of hydrocyanic acid (*u*).

[6] In cases of serious poisoning by this drug an appearance of the eyes such as I here note is very common; if the case proves fatal, this appearance sometimes persists after death.

[7] There seem to be exceptions, though *very* few, to the rule that dilatation of pupils occurs in serious poisoning of human beings by this acid (*v*).

[8] I have before this called your attention to

the classification of sialagogues into reflex, specific, and mixed sialagogues (*w*). It is probable that hydrocyanic acid is a reflex sialagogue. Salivation produced by the drug is frequently spoken of. Ulceration of the mouth has, I suppose, been rarely produced by the drug, but Pereira speaks of this ulceration as having occurred during the "medicinal use" of the acid (*x*). In the *Revue Medicale*, as quoted by Hempel and Arndt is recorded an instance in which, as an effect of this acid, the "patient complained of pain at the tongue and in the back part of the mouth, where the parts were found inflamed and ulcerated" (*y*).

[9] I have spoken of trismus as one of the most characteristic dynamic effects of hydrocyanic acid. No less characteristic is this feeling of constriction of the fauces. These two seem to be the most marked characteristics of the drug. After quoting Wharton and Stillé upon the odor of hydrocyanic acid, I said we should speak again of this "peculiar involuntary constriction of the fauces." It may be caused by inhalation of a perhaps immeasurably minute quantity of the drug, and may be among the first noticeable effects of the drug given internally — indeed, it is mentioned by Farquharson as an indication for suspending the internal administration of the drug (*z*). I think I should never use hydrocyanic acid, excepting homœopathically, and then not in such amount as could produce this peculiar involuntary constriction of the fauces.

[10] Elliotson, as cited in Cyclopædia of Drug Pathogenesy, seems to justify the belief that this nausea and vomiting are constitutional effects and not due to the local action of the drug in the stomach. I quote the passage: "Even applied externally, it has caused nausea, vomiting, vertigo, and syncope. It appears therefore to act specifically on the stomach" (*aa*).

[11] Here I place an interrogation mark, for it has not seemed to me that the effect is conspicuous either in Provings or in the records of serious poisoning. Some, however, have regarded an audible rumbling in the œsophagus, stomach or bowels as a valuable indication for the use of hydrocyanic acid (*bb*).

[12] "Irritation of the throat and windpipe" is among phenomena which Stillé says are occasioned in man by "small or medicinal doses" of hydrocyanic acid (*cc*). If you will look through the Provings of this drug recorded in the Cyclopædia of Drug Pathogenesy, you will find very frequent record of some such effect — it is there frequently spoken of as scraping in throat or larynx.

[13] Some disturbance of respiration is usually noted in cases of serious poisonings by this drug, and in the Provings it is sometimes described as a feeling of constriction or pressure or tightness of the chest; it may in some cases be due to spasm of the muscles of the chest wall. Difficult respiration is among the effects of chronic poisoning by hydrocyanic acid, as observed in artisans frequently subjected to its vapors so diluted as not to produce acute poisoning. Other effects observed in these cases of chronic poisoning are dull pain in the head, darting pains over the eyes (which, by the way, we have above recorded under "Face"), abnormal sounds in the ears, dizziness, vertigo, pain in the precordial region, palpitation of the heart, constriction of the throat, feelings as of suffocation, alternate wakefulness and somnolency (*dd*).

[14] This effect is commonly noted in experimenting with the drug upon the lower animals, and may sometimes be observed in men. While speaking of experiments on the lower animals Wharton and Stillé say: "One especial symptom of hydrocyanic acid poisoning should not be omitted. It is the peculiar forced and prolonged expiratory movement in respiration which is always present" (*ee*).

[15] Both of these effects, you will remember, are included in the list of effects produced in chronic poisoning by frequent exposure to the vapor of hydrocyanic acid.

Various of the effects which we have already considered may sometimes be due to disturbances of the circulation; as, for instance, ringing in the ears, disturbances of vision, dyspnœa, convulsions.

[16] See Biddle's Materia Medica and Therapeutics, eleventh edition, revised and enlarged, p. 298.

[17] "Stillé states that bitter almonds, in medicinal doses, sometimes produce an abundant eruption resembling urticaria. Gregory also noticed such an eruption upon himself after eating a bitter almond. This effect is due to the presence of hydrocyanic acid in the almond, as is proven by the fact that solutions containing this acid, such as bitter-almond and cherry-laurel water, very easily produce the same incidental effects" (*ff*). An eruption described as "analogous to nettlerash," was caused in two cases by eating kernels of sweet cherries (*gg*).

[18] Weariness or languor and drowsiness are noted in several of the Provings recorded in the Cyclopædia of Drug Pathogenesy: perhaps this is the same effect as that I next record, *alternate wakefulness and somnolency*, which is noted

among the effects of chronic poisoning already mentioned. Taylor and Geo. B. Wood refer to one source (*Gazette des Hopitaux*, 24 Juillet, 1847,) their descriptions of effects in chronic poisoning by this acid: Taylor records "alternate weakness and somnolency."—Wood, "alternate wakefulness and somnolency."

It has frequently been stated that human beings seriously or fatally poisoned by hydrocyanic acid utter a sharp shriek or cry at the onset of the poisoning. The best authorities to-day believe that, though such a shriek or cry is frequently uttered by animals acutely poisoned by the drug, there is no such shriek or cry uttered by man (*hh*). Taylor tells of a case in which a man swallowed about two ounces of the essential oil of bitter almonds. "A person present saw him fall suddenly while in the act of swallowing, he made a loud cry, gave one deep expiration, and died" (*ii*).

One of the marked things about prussic acid poisoning is the rapidity with which its effects are usually produced. Soon after death the acid may be detected in "the blood, secretions, or any of the soft organs" (*jj*).

THERAPY.

Remember that the homœopathic remedy for any patient should be selected by reason of similarity between disease effects in *him* and the unmodified dynamic effects producible in human beings by the drug chosen. With this prefatory remark, I shall name a few diseases which may frequently lead you to administer hydrocyanic acid.

Tetanus. The unmodified dynamic effects producible in man by hydrocyanic acid are very like the symptoms often produced by tetanus. Symptoms commonly produced by tetanus are suddenness of attack; early pain and oppression in epigastric region; *feeling of uneasiness in the throat* and of *stiffness about the jaws*. This feeling of stiffness about the jaws develops into lock-jaw (trismus); the muscles of the face become convulsed, causing retraction of muscles at the corners of the mouth (risus sardonicus), and other distortions of the face; tonic contraction of respiratory muscles causes great dyspnœa; tonic contraction of other muscles of the body causes frequently opisthotonos, rarely emprosthonos or pleurosthotonos. The eyes become fixed and staring; the surface of the body is covered with perspiration. The condition in tetanus is usually one of *extreme wakefulness*, in which the *intellect is entirely unclouded*. You will notice that in this respect the symptoms common in tetanus are distinctly *unlike* effects commonly produced by hydrocyanic acid, viz.: *drowsiness*, *stupor* or *profound coma* when much of the poison has been taken, and a decided *clouding of the intellect* when the amount taken has been small. We have, however, quoted from Dr. George B. Wood to the effect that among symptoms noted in chronic poisoning by frequent exposure to vapor of hydrocyanic acid are alternating wakefulness and somnolency.

Headache, Vertigo and Dizziness with flushed countenance, buzzing in the ears and dimness of vision, as though looking through a veil, may be indications for the use of hydrocyanic acid, especially if these symptoms are accompanied by such gastric and cardiac disturbances as I shall presently mention.

Gastric disorders with a feeling of heat in the epigastrium, nausea and vomiting, especially when there is a *feeling of emptiness in the stomach and a craving for food* (*kk*.) The indication will be more marked, if these gastric symptoms are accompanied by cerebral symptoms such as I have just named, or by cardiac symptoms such as will now be mentioned.

Functional cardiac disorders, where the pulse is weakened and is too slow, or too fast, or irregular, and where there is palpitation of the heart, with tendency to syncope or to cerebral symptoms mentioned above. These cardiac disorders will often be accompanied by evidence of more or less congestion of the lungs.

Valvular disease of the heart. Here you probably would not look for restoration of the heart to its normal physical condition from any treatment at present known; but you may hope by this drug, when indicated, to help these patients. I believe that any improvement, in a patient, due to homœopathicity of the remedy should be regarded as, in kind, cure: if, however, you talk about curing patients of valvular disease of the heart, you are likely to be misunderstood by those who do not understand with just what meaning you use the word *cure*.

Laryngitis and Bronchitis. The sensation of scraping in the larynx, the hoarseness and the cough with raising of mucus which have been reported by some Provers, suggest the use of this drug for some patients with laryngitis or bronchitis.

Intestinal troubles. An audible rumbling in œsophagus, stomach or intestines has been reported by Provers of this drug; and curative effects have been attributed to its use where a patient with dysentery exhibited this symptom (*bb*).

Salivation, with or without ulceration of the mouth, may indicate the use of this drug. Salivation is frequently produced by the drug, and I have above cited Pereira and the *Revue Medicale* to the effect that ulceration of the mouth may be produced by it.

Epilepsy. There are many points of marked similarity between epilepsy and the pathogenetic

effects of hydrocyanic acid. Among common symptoms of epilepsy are — before the fit: headache, with feeling of constriction or fullness in the head; vertigo; roaring, buzzing or singing in the ears; sensations of numbness or tingling in various parts of the body; *feeling as of constriction in the throat;* vomiting; a feeling as of suffocating oppression of the chest, with palpitation of the heart. During the paroxysm, which sometimes comes on suddenly with a sharp cry, the patient is unconscious; there often are convulsions, tonic or clonic, often very violent; surface of body cold and clammy; face often of a dusky hue; pulse very irregular and circulation sluggish; respiration forced and irregular, sometimes stertorous; eyes fixed, with pupils dilated and irresponsive to light; jaws firmly closed; involuntary evacuation of bladder or rectum. After the paroxysm stupor and profound sleep, perhaps for several hours.

CEREBRAL hemorrhage often affords symptoms resembling effects of the poison. Where the clot is large, you would frequently not expect any great benefit from the use of this or any other medicine; but when the clot is small and favorably located, Hydrocyanic acid, if indicated, may effect an improvement which will be, in kind, cure.

For further discussion of the therapy of Hydrocyanic acid I refer you to Hughes' Pharmacodynamics, Hempel and Arndt's Materia Medica and Therapeutics and Farrington's Clinical Medicine.

TREATMENT in case of Hydrocyanic acid poisoning: Frequently the dynamic effects of this poison are manifested so promptly that there is no opportunity for ridding the stomach of unabsorbed poison, or chemically destroying unabsorbed poison still in the stomach. If, however, opportunity is offered, the stomach pump or emetics may be used, and a mixture of ferrous and ferric sulphates, followed by a solution of carbonate of potassium, may be given. The reaction between these chemicals and Hydrocyanic acid results in the formation of Prussian blue, a ferric-ferrocyanide, having the formula $Fe_4 (Fe\ Cy_6)_3$, an inert compound. If you use Atrophine as a dynamic antagonist, do so very cautiously, for there is a difference of opinion as to whether it is indicated. Usually the treatment virtually consists in the use of Artificial respiration, cold affusions, the cautious administration, by inhalation, of Ammonia, and the application of electricity.

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(*c.*) Pereira's Materia Medica and Therapeutics. Third American edition. Vol II., p. 778.

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(*e.*) Potter's Materia Medica, Pharmacy and Therapeutics, p. 29.

(*f.*) Taylor. On Poisons. Third American edition, p. 562.

(*g.*) Taylor, p. 563; also Geo. B. Wood, II., 181.

(*h.*) Brunton's Pharmacology, Therapeutics and Materia Medica (adapted to U. S. P. by F. H. Williams.) Third edition, p. 586.

(*i*) Geo. B. Wood. Vol. II., p. 183.

(*j.*) Stillé's Therapeutics and Materia Medica. Fourth edition. Vol. II., p. 251.

(*k.*) Taylor, p. 567.

(*l.*) Farquharson's Therapeutics and Materia Medica (adapted to U. S. P. by Woodbury), p. 91.

(*m.*) Vol. II., p. 787.

(*n.*) Brunton, pp. 587, 588, 233-4, 238, 239-40. 316, 317.

(*o.*) Reese's Medical Jurisprudence and Toxicology, pp. 398, 399. On the possibility of mistaking the stertorous breathing for that of apoplexy; see Taylor, p. 564, and Wharton and Stillé, p. 454.

(*p.*) Taylor, p. 567.

(*q.*) Brunton, p. 588.

(*r.*) See *Boston Medical and Surgical Journal*, Vol. 75, pp. 74-5, 130.

(*s.*) Brunton, pp. 587-8-9.

(*t.*) Wharton and Stillé, Vol. II., p. 453. Wormley, pp. 168, 169.

(*u.*) Cyclopædia of Drug Pathogenesy, Part I., pp. 21, 23.

(*v.*) Stillé. Vol. II., p. 254.

(*w.*) Brunton, pp. 356, 357.

(*x.*) Pereira, Vol. II., p. 786.

(*y.*) Hempel and Arndt's Materia Medica and Therapeutics. Third edition, Vol. I., p. 74.

(*z.*) Farquharson, p. 94.

(*aa.*) Cyclopædia of Drug Pathogenesy, Part I., p. 34. See also Hughes' Pharmacodynamics. Fourth edition, p. 117.

(*bb.*) See Hempel and Arndt, Vol. I., p. 81.

(*cc.*) Stillé, Vol. II., p. 252.

(*dd.*) Taylor, p. 563; also Geo. B. Wood, Vol. II., p. 181.

(*ee.*) Wharton and Stillé, Vol. II., p. 454.

(*ff.*) The Incidental Effects of Drugs, by Lewin, translated by Alexander, pp. 161-2; see also C. D. F. Phillips's Materia Medica and Therapeutics, p. 279.

(*gg.*) Taylor, p. 596.

(*hh.*) Wharton and Stillé, Vol. II., p. 453. Reese, p. 399.

(*ii.*) Taylor, p. 585.

(*jj.*) Taylor, p. 577.

(*kk.*) Stille, Vol. II., 252.

ELECTRICITY IN GYNECOLOGY.

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Nosology.	Pathology.	Symptoms.	Indications.	Treatment.
Amenorrhœa.	Imperfect development and mal-nutrition; Atony.	Presence or absence of molimina (prognostic); Nervous depression.	Stimulation and improved nutrition.	*Faradization.*—General or local. (Rockwell.) *Galvanization.*—Central or local, negative pole direct.
Dysmenorrhœa.	Depressed nervous tone.	Hyperæsthesia; Neuralgia; Absence of local disease.	Sedation. Occasionally stimulation.	*Sedation.*—Galvanization, with positive pole direct. *Stimulation.*—Faradization, direct or indirect.
Subinvolution. (Acute.)	Congestion.	Hypersecretion.	Stimulation and Contraction.	Direct Faradization.
Subinvolution. (Chronic.)	Hyperplasia.	Deficient secretion; Hystero-neuroses.	Absorption of fibrous tissue and improved nutrition.	*Galvanization.*—Negative pole direct. Electro-puncture (Apostoli).
Superinvolution.	Atrophy.	Amenorrhœa.	Stimulation and improved nutrition.	Direct Faradization. *Galvanization.*—Negative pole direct.
Ovaralgia.	No tissue change.	Hyperæsthesia.	Sedation.	If pressure aggravates—Galvanization. If pressure ameliorates—Faradization. (Rockwell.)
Chronic Ovaritis.	Congestion and inflammation.	Hyperæsthesia.	Sedation.	*Galvanization.*—Positive pole direct.
Chronic Pelvic Inflammation.	Pelvic congestion; Exudation.	Hyperæsthesia; Pressure and reflex symptoms.	Sedation; Absorption and relief of local congestion.	*Sedation.*—Galvanization, positive pole direct. *Absorption.*—Galvanization, negative pole direct. Electro-puncture (Apostoli).
Uterine Displacements.	Congestion; Inflammation; Atony.	Depend upon tissue changes.	Depend upon tissue changes.	*Congestion.*—Galvanization and Faradization (positive pole direct). *Inflammation.*—Galvanization (positive pole direct). *Atony.*—Faradization. (In antiflexion, direct electrode in the rectum; in retroflexion, direct electrode in the bladder.)

THE APPLICATION OF ELECTRICITY IN THE TREATMENT OF THE MORE COMMON GYNECOLOGICAL DISEASES.

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ELECTRICITY as a therapeutic agent is more or less extensively used by the vast majority of the medical profession in the treatment of general diseases. It has not, however, been so commonly used in the treatment of gynecological affections. This fact can probably be accounted for in three ways:

1. The impression prevails that elaborate and costly apparatus is necessary for its successful application.

2. A general knowledge of the physics of electricity does not prevail.

3. There is an absence of specific indications affording anything like precision in the application of the agent in the diseases of women.

1. Costly apparatus is a luxury, but not a necessity, for all ordinary purposes.

For the application of the very powerful galvanic currents (which, by the way, are less popular than formerly), a powerful battery, together with a milliampéremeter, rheostat and special electrodes, is necessary.

2. While a profound knowledge of chemical physics is desirable, it must be remembered that, unlike the neurologist, the gynecologist deals with organs closely grouped together in the pelvis, and that instead of applying the agent for its effect upon nerves and the reaction of muscles, he applies it to overcome perverted nutrition, together with local congestion and its consequences. It is, then, only necessary for the gynecologist to understand the peculiar properties of the current which he may wish to use, and to know which pole of the galvanic current will produce irritation, which one absorption, sedation, anæsthesia, etc.

3. In undertaking to formulate specific indications in the scheme given on the opposite page, I have drawn largely from the writings of Grandin, Rockwell, Mundè, Englemann and Apostoli. Appreciating the fact that the teachings of the several authors are not, in many instances, the same, it has been my aim to reflect, in small compass, the more generally accepted rules, being in a large measure governed by my own experience where there is a conflict of opinion.

For theoretical amplification and exhaustive detail the reader is referred to the several excellent text-books, now accessible, treating of electricity. Suffice it to say that the galvanic and the faradic currents are the ones oftenest used in routine gynecological work.

The following characteristics of the two poles of the galvanic current are essential:

The *positive pole is anæsthetic, the least painful, and its tendency is to check hemorrhage and cause absorption.*

The *negative pole is irritating and caustic in its action, and its tendency is to produce hemorrhage and destroy.*—(Grandin).

The chemical action of the faradic current is very slight, if it exist at all. It produces stimulation by first exciting contraction, and hence it is particularly applicable to those conditions in which muscular tissue preponderates. The difference in the action of the two poles is not nearly so marked as in the galvanic current, though the *positive* is more sedative and the *negative* more stimulating. The primary, or inducing, current is more useful in stimulating muscular contraction where sedation is not important. The secondary, or induced, current is more useful where sedation is important.

By the term "direct application" is meant the application of the one or the other pole directly, or as nearly so as possible, to the organ or organs diseased. This is accomplished by selecting a proper internal electrode [vaginal, uterine, urethral, rectal, etc.], the other pole being applied externally, usually over either the abdomen or the sacrum. The external electrode should be at least three inches in diameter, and covered with absorbent cotton and chamois. If a powerful current is to be used, a much larger external electrode will have to be improvised, so as to disperse the current over a greater area. Apostoli utilizes potter's clay for this purpose.

The time, length, frequency and manner of the applications will necessarily vary with each case. The séances should last from five to twenty minutes. In young unmarried women, it is advisable first to resort to the indirect method, *i. e.*, one pole over the abdomen and the other over the sacrum. Failing to obtain the desired result in this way, the direct method should be tried. Due regard must be paid to the function of menstruation, and should there be any inflammatory trouble, direct electrization, at least, should not be practiced during the first few days preceding or following the expected period. In amenorrhœa, on the contrary, the molimina should be watched for, and the applications made a week before and during their appearance. Some patients will tolerate much more electricity than will others. Idiosyncrasy should always be noted, and the strength and duration of the current regulated accordingly.

Let it be remembered that while electricity, in many instances, may be the chief therapeutic

agent, it is rarely the only one to be used. It must be supplemented by other treatment, both constitutional and local. Again, it must be used patiently, persistently, and with discrimination. It is impossible to cure symptoms like amenorrhœa and dysmenorrhœa by local electrization when dependent upon constitutional disease. It is only when the tissue changes indicated under the head of "Pathology" obtain, or when the disease is purely functional, that benefit will be derived from the local use of electricity. Unless the cases are properly selected, failure will be inevitable.

I purposely omit giving the *technique* of electro-puncture in the treatment of hyperplasia and fibroma uteri, as practiced by Apostoli, Englemann and others, for the reason that the text-books and journals describe it in full. My own experience with the method has been both limited and unsatisfactory.

ACCIDENTS FOLLOWING WHITEHEAD'S OPERATION.

By W. E. GREEN, M.D.

LITTLE ROCK, ARK.

THE account of a case in which unfortunate results followed Whitehead's operation may be found in the *Medical and Surgical Reporter* of November 5, 1889. The patient, a woman, had been operated upon by this method for the cure of hemorrhoids eight months previously. The circular incision had been made entirely outside of the margin of the anus and the mucous membrane drawn out and united to healthy skin; consequently, a circle of excoriated mucous membrane, from one-half to one inch in width, presented outside of the orifice. This condition rendered the patient very miserable.

The plan of treatment advised was to dissect away the mucous membrane, draw the skin as near the verge of the anus as possible, and allow the wound to heal by granulation; and, subsequently, to treat the resultant stricture.

Several months ago I operated upon a case of hemorrhoids by excision, in which I removed a portion of cutaneous tissue on account of redundancy; upon recovery, I found that a small part of the mucous membrane on the right side was exposed, from which the patient experienced considerable discomfort.

I devised the following procedure for its relief: The sphincter muscle was dilated and the everted mucous membrane removed to a point inside the anal orifice. The adjacent skin was then dissected back from the inner surface of the buttock for one and one-half inches, and slipped upwards until it could be coaptated with and united to the mucous membrane of the gut. In order to prevent great strain upon the sutures and retraction of the cutaneous structures, some vertical stitches were taken near the anal verge, uniting the skin to the deeper tissue.

This, I think, is the most rational method for the repair of such accidents, and will give satisfactory results.

I am now very careful when performing this operation to make my incision through the mucous membrane, leaving, if possible, the mucocutaneous structures intact, thereby preserving the natural shading of the skin into mucous tissue.

Another misfortune that is liable to follow any of the operations upon the rectum, when extreme dilatation is practiced, is paralysis of the sphincter muscles and consequent incontinence of fæces.

This is a most unfortunate result, and one that renders the patient's condition pitiable indeed. Unless a state of constipation exists, the subject is never secure from mortification and humiliation, for the bowel is liable to be evacuated, without warning, at the most inopportune moment.

Bearing in mind the possibilities of over-distention, I have always been careful in dilating not to take all the contractile life out of the muscle; therefore, this sad accident has never befallen me in any of my operations, but I have had such cases from the hands of other surgeons. They are usually stubborn, and yield but slowly to treatment. The alternating current and hypodermic injections of strychnia offer the greatest hope as therapeutic agents.

A case that recently came under my observation, that was operated upon four months ago, has not been benefited by these measures.

THE VAGINAL TAMPON—HOW TO MAKE AND HOW TO USE IT.

By C. TODD HOOD, M.D.,

CHICAGO.

EVER since the members of the medical profession have known anything about the treatment of diseases of women, "packs" of one kind or another have been used to control hemorrhage, to make applications to the cervix, to give support to the uterus, and to raise and retain it in a normal position.

At first they were made of cotton cloth, lint, sponges and oakum. Of late years they have been made almost exclusively of absorbent cotton, borated cotton, and antiseptic wool, the advantage of the wool over the cotton being that it does not become hard or matted after remaining *in situ* a few hours.

There are very few physicians who are able to make a tampon as it should be made. It is

either too large or too small. When it is placed in position the portion containing the medicaments is not in contact with the cervix. If it be used wholly as a support, the physician must pack it up in position with his finger. It will not remain where he places it, as there is nothing to retain it. The movements of the body and the efforts to relieve the bowels and bladder soon displace it, and it is found either in the anterior or posterior cul-de-sac, and far from performing the office intended.

The greater number of professional men in making their tampons take a wad of cotton or wool, roll it up, tie a string around it, apply the medicament, place it against the cervix; or, in front of or behind the cervix, if intended for support. They remain but a short time in position; the greater number become displaced on removing the speculum.

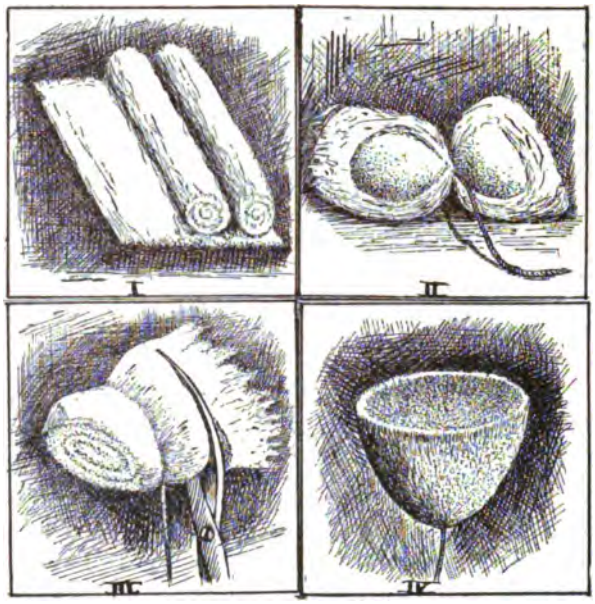
Some go to the trouble of sewing the string through the center of the cotton or wool. This makes quite a good tampon. The objection to it, however, is that it requires the use of a needle, and, if the tampon is very thick, it becomes almost impossible to force the string through it.

To secure a tampon free from these objections, I began a series of experiments. The result is that I think I have a tampon that is easily and quickly made; that will answer not only for applications to the cervix and neck of the uterus, but will prove a great help in the treatment of those cases of flexion, displacement and prolapsus where a pessary cannot be used.

For an ordinary case, where it is desired to make an application to the cervix and neck of the uterus, take a piece of cotton or antiseptic wool, as you prefer (I prefer the wool for reasons stated), four inches in length, two and one-half to three inches in width, and a half to three-quarters of an inch in thickness. Down the center, lengthwise, of this piece lay some pieces of the same material, forming a little ridge.

Parallel to this at the outer edge form another ridge in a similar manner; now fold the whole in the middle lengthwise, so that you have a piece four inches long, one and one-fourth to one and one-half inches in width, and one inch in thickness down its center, but one inch and a quarter to an inch and one-half at the edges, due to the ridges.

Now, roll this up lengthwise, tightly, and in as small a roll as possible. With a good, stout string, tie it tightly around the center, bringing the knot where the end of the piece comes when rolled up. This will give you a roll small in centre where the string is tied, and large at the ends, due to the ridges.



Take the roll in the left hand between the thumb and first and second fingers, allowing the end of the string to pass between the third and fourth fingers, holding it firmly. Tip the roll so that the one end will point to the hollow of the hand. Now, with a good stout pair of curved scissors, turning their curve toward the hand, starting at a point close to where the string is tied, cut the end off in a circle as if you were going to make a ball of the roll; cutting, however, only the one end at a time; turn the roll over and cut the other end in like manner.

You now have a ball-shaped tampon, a little longer than it is wide. Pass the string between the second and third fingers, take the ball between the thumb, first and second fingers, with a cut end toward you. With the scissors at the outer edge, and in the middle of the cut end, cut down for about half an inch; then up to the center; turn it around and cut the other end, being careful not to cut the string.

Place the string between the first and second fingers of the left hand, pull the ball up tightly against the fingers by pulling on the string with the right hand, and close the thumb and fingers around it. Now, by a turning motion of the right thumb on the end of the ball you make a cup-shaped depression. You now have a tampon with which you can apply any substance to the cervix.

To place the tampon thus made: catch the tampon with your dressing-forceps, having the blades of the forceps on the cut ends, squeeze it tightly, pass it in the speculum, until it touches the cervix. Now, with the other hand take hold of the string, let go your hold with the dressing-forceps; close the blades and place them against the tampon at the attachment of the string. Now, while you hold the string tightly with the

other hand, push the tampon firmly against the cervix with the dressing-forceps. You can see it spread out and pass well up and surround the neck of the uterus. Let go the string, still holding your dressing-forceps in place, loosen your speculum and withdraw it. Your tampon is now in position, where it will remain. It can be allowed to remain the required time and then removed, when it will be found to have a depression, corresponding exactly to the cervix, and will give you a good idea of the character of the discharges.

Now, as to its uses:

First: For the application of glycerine or glycerine and tannin to the cervix.

Second: To apply iodine or any other substance to the cervix it is without an equal, for it comes in contact with the parts intended, and the spreading out of the tampon around the cervix prevents its displacement from side to side, and the suction retains it in contact with the cervix.

Third: For displacements and flexions. In making the tampon, instead of two ridges, make but the one down the center; roll up in the manner described, but tie the string two-thirds the distance from one end. Then when you cut the ends the one is four times as large as the other, which gives you a large mass to fill in behind the body of the uterus in its displacement. Smear this with cosmoline; dust on it boracic acid or iodoform; take it in the dressing-forceps as directed, holding the string; pass the tampon in the speculum so that the large end comes underneath the displaced body of the uterus; let go of the forceps as soon as it touches the cervix and press the tampon firmly up as directed before, holding the string tightly. It is better, however, to replace the uterus in a normal position with a sound, leaving the sound in place until the tampon has been placed against the cervix, then gently withdraw the sound and pack the tampon up closely.

The advantages are: It will retain the uterus in position. It will remain in position until removed, and it makes local application to the cervix at the same time.

If the displacement is backward, the large end of the tampon will come in the posterior cul-de-sac. In this condition you require the large end to be somewhat larger than in the other forms of displacement.

For ante-displacements, reverse the order of things. For lateral displacements, place the large end beneath the displaced part. In cases of prolapsus it is an excellent tampon.

With very little experience anyone will be able to make a tampon to suit the particular case. However, before cutting, make your roll much thicker than in the other cases, but the same size at both ends. Now, when you cut the ends, cut long, as if you were going to make an egg-shaped roll.

Finish as before; smear with cosmoline; dust with boracic acid or iodoform; insert and spread out around the cervix. Withdraw the speculum, holding the tampon in position with the dressing-forceps. Put the patient in a knee-chest position and pack the tampon with your finger around the cervix. It will spread out, distend the upper portion of the vagina, and prevent prolapsus. A tampon made and placed in this manner will remain for days in position and not become offensive.

If from any cause it should come down, direct your patient to squat down, take hold of the string with one hand, and with the finger of the other hand push the tampon up in position. She will thus properly replace it, as the depression for the cervix acts as a guide.

With a small amount of practice anyone may in a short time make a tampon of this description in less than two minutes. The pieces of cotton or wool cut from the ends are not wasted, but can be used to make the ridges in the original piece.

A tampon made and applied in the manner described will be found to be superior to any other, will remain in position better, and cause no pain or uneasiness.

I will be glad to send by mail to any physician a tampon made in this manner as a pattern.

992 West Adams Street.

It is stated by Dr. Lancereaux that the effect of alcohol on the human organism in retarding metabolic changes and checking combustion diminishes the appetite and renders the tissues an easy prey to the attack of the tubercle bacillus. Tuberculosis in alcoholic subjects always presents about the same features. It usually begins on the right apex behind, though this localization is not altogether special to this form of disease. Hæmoptysis is often an early symptom, and tends to recur. In certain cases it is the first symptom to be met with in persons of apparently robust health, indicating the advent of disease which is shortly to carry them off. The course of the disease is often very rapid, though intermissions are occasionally met with.—*Medical Record.*

"Oh! this life is full of ills!
"There's the dentist with his drills;
"There's the lawyer, breaking wills;
"There's the ague with its chills;
"There's the doctor with his pills,
"And the collector with the bills."

OPINIONS EXPRESSED.

[From the great number of replies to our January question, which came too late for publication in February, we have selected the following on account of their unique language and peculiar expressions. —ED.]

"**Insidious** are the wiles of the fame-blasting seducer."—*Dr. J. W. Fawcett; Ohio.*

There should be laws to punish malpractice, but none to prevent healing.—*Dr. C. C. Wiggins; Iowa.*

It is bad politics to put your enemy in power and then look to him for luxurious support.—*Dr. M. Jay Brown; Kansas.*

I am in favor of having a homœopath examined by a homœopath, and an allopath by an allopath.—*Dr. P. H. Dansler; Kansas.*

In the past we have shown our ability to maintain our rights, and on this line we expect to fight it out.—*Dr. S. L. Thorpe; Ohio.*

By the way, the homœopathic school is the only one without an illegal college among its medical institutions.—*Dr. Benj. T. Bailey; Nebraska.*

I think the allopathic school will have its hands full in taking care of its own incompetents without looking after the homœopathic "quacks."—*Dr. A. Kilmer; Tennessee.*

The question of establishing distinct boards of medical examiners involves the life or death of the homœopathic school of medicine—*Dr H. M. Dayfoot; New York.*

I feel assured that so far as education, medical or collegiate, is concerned, we stand far ahead of the allopathic school. For one of our number to be compelled to pass an examination before a board composed of his inferiors, mentally, is rather galling. I had the pleasure two years ago of meeting some members of the boards in one or two Southern States, and must confess I was very much surprised to think they were even in the profession. I doubt if they could diagnose a hemorrhoid from a hickory nut. One of them informed me he thought the board was a good thing, as it "kept them ignorant fellows out of the medical profession." "God save the mark!" thought I; but I said nothing. I am an advocate of examining boards in every State, but allow each school to furnish its own board of examiners on materia medica, and on other branches, if necessary.—*Dr. H. D. Champlin; Ohio.*

If the allopaths are in earnest in their desire to promote the welfare of the public and to advance the medical profession, let them give the students of their colleges a chance to acquire a knowledge of homœopathic principles.—*Dr. H. M. Dayfoot.*

DEPARTMENT OF GYNECOLOGY.

CONDUCTED BY

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ANTISEPSIS IN GYNECOLOGY.

The popular mind is fast awakening to the importance of measures intended for the prevention of infection. This is evident from the frequent inquiries on the part of laymen concerning the province of antiseptics, the significance of bacteria, the origin of "blood-poisoning," and the communicability of various maladies. The very fact that there is a demand for such a book as "The Story of the Bacteria," admirably written for general readers by T. Mitchell Prudden, indicates the growing appreciation which the subject commands. Likewise does the conviction and imprisonment of at least one German surgeon for neglecting to employ recognized antiseptic precautions in a case developing sepsis as a consequence.

The non-observance of these measures not only often entails sepsis as a sequel, but venereal inoculation is also a too frequent result. A recent journal reports one case in which the syphilitic infection was received from the instrument of a specialist in catheterization of the Eustachian tube, and another in which a dentist was the conveyer of the virus.

Although the general appreciation of the importance of antiseptic measures is increasing there are yet many physicians who are lax in observing, or totally disregard them. Observation of the methods of many practitioners warrants the statement that in no department of practice is neglect of antiseptic precautions more general or more detrimental to the patient than in the ordinary gynecological examination and minor operative procedures. With this neglect the results are necessarily disastrous. That uncleansed fingers and non-disinfected instruments always convey germs in more or less abundance is no longer disputed. That the vaginal secretions also teem with micro-organisms has been demonstrated. The healthy uterine cavity contains none. The importance of these facts becomes apparent when we know that these germs, contained on the fingers, the instruments or in the vaginal secretions, if introduced within the uterus, or conveyed to the para-uterine connective tis-

sue by lesion of the vaginal or cervical walls, readily become the originators of inflammatory processes. Recall the proximity of the pelvic peritoneum, and the danger in infection is doubly apparent. That the perils indicated are not hypothetical is proven in the practice of every gynecologist, and by the cases of death recorded in the journals from time to time from sepsis following the introduction of sounds, of tents, consequent upon trachelorraphy, the removal of fibroids and other simple procedures.

No mention is made here of obstetrical practice, but it may be said that the physician who is neglectful of antiseptic measures in ordinary gynecological examinations will prove himself careless and unsafe as an accoucheur.

The reasons most frequently given for the non-employment of antiseptic precautions are: Disbelief in the bacterial origin of sepsis, and that too much time and "red tape" are necessary to make their employment feasible for the general practitioner. Scientific research has over-ruled the first objection. The second does not exist in fact. Three things the aseptic gynecologist must observe in ordinary work, viz.: that his hands are constantly disinfected, that his instruments are aseptic, and that before doing aught within the genital canal all secretions are removed by germicidal lotions. To meet these requirements but three things are necessary in addition to the appliances carried by every physician; a nail-brush, crude carbolic for the disinfection of instruments, and mercuric tablets for solutions for the hands and for irrigation. Absorbent materials, sutures, ligatures, and tents should be kept immersed in strong antiseptic solution.

Whenever a sound or other instrument is to be introduced within the uterus especial care is needed to free the vagina and cervix from discharges, else infected mucus is readily carried within the cavity. The investigations of Winter demonstrated that in a normal state the secretions from the uterus are free from bacteria; that in the discharges from the vagina they abound. The introduction of bacteria within the uterine cavity is followed by fever and symptoms of sepsis, while departure of these symptoms is coincident with the disappearance of germs. Precaution is particularly necessary in dilatation of the cervix, whether slow or rapid, accomplished by tents or by instruments. The performance necessarily involves more or less laceration of the cervical tissue. If the instrument is not disinfected or the canal thoroughly cleansed of all discharge, infection of the rents in the mucous membrane, and consequent parametritis, is an easy occurrence. Deaths from this cause have been by no means rare in the past.

An eminent gynecologist recently declared that: "The day is surely coming when, to have a case of puerperal fever in one's private practice will be deemed a crime." Failure to use the means and precautions accepted and employed by the majority of physicians, is held by the courts as malpractice, if thereby the patient suffers harm. Observation of antiseptic measures has become an accepted part of the physician's duty. Public sentiment is rapidly tending to the point where negligence will render him legally accountable for damages incurred from preventable infection.

GYNECOLOGICAL NOTES.

Scant or delayed or suppressed menstruation is far more frequently the result of nerve-exhaustion than of uterine disease.—*Dr. Wm. Goodell.*

Anteflexion, *per se,* is not a pathological condition. It is so when associated with sterility or painful menstruation, and only then does it need treatment.—*Dr. Wm. Goodell.*

As an antiseptic ointment for obstetrical and gynecological practice, benzoated lard mixed with four per cent of creolin is recommended for its efficiency as an antiseptic and its freedom from disagreeable odor.

Extirpation of the uterus has been performed 110 times at the Dresden clinic during the past six years. Only six women died from the immediate effects of the operation, four of these being carcinomatous subjects.

A tumor which originated in the breast, that becomes complicated with a red or white, brawny, œdematous or tuberculated condition of the skin over the growth, is without doubt cancer, and of the worst type.—*Dr. Bryant.*

A woman seventy-one years of age, living in Fort Smith, Ark., is said to have given birth to a healthy male child on October 14th. She appropriately bears the same name as the wife of Abraham of old.

If the rule were universally observed of *always* examining a woman after delivery, with the index finger in the rectum and the thumb in the vagina, and estimating by the tissue felt between the two whether and how much the perineum is torn, and if found sufficiently injured of sewing it at once, the cases of secondary operations coming to the specialist would be diminished at least one-half.—*Mundé.*

The co-existence of pregnancy and advanced carcinoma of the uterus is exceedingly unfavorable, both to parent and offspring. Cohnstein states that but 34.7 per cent of the mothers survive labor, and that only 25 per cent of the children are born alive.

Of all the affections which a physician may be called upon to recognize and treat, cancer of the cervix is one with whose earliest manifestations he should have the most intimate acquaintance. Discovered in time, it is amenable to cure; neglected, death is inevitable.—*Dr. Johnson.*

Of all the sources of intraperitoneal hæmatocele, I believe the most common to be rupture of the Fallopian tube in tubal pregnancy; indeed, out of seven fatal cases which I have seen, this was the cause in six, the seventh having arisen from the bursting of an aneurism of the coronary artery of the stomach.—*Lawson Tait.*

Septicæmia is a frequent sequel to puerperal eclampsia. The tissues already laden with toxic materials have little power to resist germs introduced through the uterus or by way of lacerations incurred in hastening delivery. Double care is therefore requisite in these cases in carrying out every antiseptic detail.

Purgatives have been extensively used in the treatment of puerperal fever, and I think no one who carefully reads the clinical reports that abound in medical literature can fail to come to the conclusion that there is no evidence of their utility, but abundant proof that they have been in numerous instances positively injurious. Take, for example, the classical work of Ferguson, and you will find several cases reported where the action of castor-oil was followed by the development or aggravation of severe peritoneal irritation. If constipation exist, simple enemata are ordinarily sufficient to remove it.—*Fordyce Barker.*

When mastitis occurs toward the end of lactation, and is, too, probably the result of over-suckling, associated with general weakness of the body and want of power in the gland to do the work demanded of it, the indications are clear: to stop the cause of trouble by prohibiting suckling, and by medicine, food, and hygienic means to improve the condition of the patient, to enable her by natural power to arrest the disease. When, from over-suckling and debility, the conditions under which the inflammatory action starts are most unfavorable, since the subjects of the trouble, and the glands themselves, from over-nursing and exhaustion, show little resistance to inflammatory changes, and time is wanted for the remedies to take effect—under such circumstances suppuration is almost sure to ensue.—*Dr. Bryant.*

Wounds of the vulva are often attended by serious and occasionally by fatal hemorrhage. Packing the wound with iodoform gauze or styptic cotton, covering with a firm pad and exerting pressure by a tight bandage, will generally stanch all bleeding. Sutures should be applied, if called for. A subcutaneous extravasation of blood is termed a hematoma. This most frequently occurs during the progress of delivery from rupture of a vein caused by the pressure of the fœtal head. The ice-bag should be at once applied. If absorption fails to take place, and any symptoms of suppuration supervene, an incision should be made, preferably upon the mucous aspect of the lobia, and the cavity thoroughly cleansed, packed with iodoform gauze, and a firm bandage applied. Should bleeding persist from the walls of the cavity, the injection, previous to packing, of a one per cent solution of zinc chloride will prove an effective styptic.

No one can candidly look at the literature upon the treatment of affections of the uterine appendages without being convinced that the operation for their removal has been far too frequently resorted to; that, as with most other brilliant operations, its proper place has been found only after a deal of abuse. Dr. Emmet voices this sentiment in the following words: "No one can deny the fact that there are numbers of the profession in this city who average more than one operation per week for the removal of the uterine appendages. My field of observation is certainly as large as any other operator, and yet I have seen but three cases during the past year where I thought the operation justifiable. I operated on these, with the result of restoring two invalids to perfect health, and I believe no other procedure could have accomplished so much, while the third case has been but little benefited. I have had under treatment in my private hospital a number of women where judgment had been passed by some of our best men in the profession, to the effect that restoration to health was impossible in their condition unless the appendages were removed. I am within the bounds of truth when I state that more than half of these women have in time gotten well, and several have borne children since their discharge."

SURGICAL NOTES.

[We regret very much being compelled to announce the postponement of the promised article on the *technique* of the treatment of cancer, by Dr. Chas. D. Rich. The recent epidemic, and the demands of practice, together with a multiplicity of duties at a college and hospital located several miles from his place of residence, have combined to prevent. It will appear, however, at an early date.—ED.]

Alcoholic subjects will take ether much easier if they be given about an ounce of brandy, fifteen minutes before the commencement of the anæsthetic.

Abscess of Bartholin's gland should be freely opened upon its inner aspect and the cavity packed with iodoform gauze. When evacuation is delayed, several spontaneous openings may occur, leaving fistulous tracts, or the tissues become undermined, as happens in neglected inguinal abscess.

When a surgeon is called to set a broken leg or reduce a dislocated wrist, he does not make careful note of all the symptoms, make his prescription and then set the leg or reduce the wrist. He will reverse the order of procedure, and prescribe by the symptoms present after he has restored the parts to their proper position. Why should not the same procedure apply to dislocation of the uterus? I cannot but believe that one cause of failure in treating these cases by remedies is that the symptoms the patients complain of the most, *i. e.*, those dependent on the displacement as bearing down in the pelvis, sacral pain, interference with the bladder functions, etc., are made the most prominent and important symptoms in selecting a remedy, to the neglect of constitutional symptoms and the peculiarities of the patient, or other remote symptoms, which would lead the prescriber to the proper remedy.—*Dr. Southwick.*

When a surgeon once gets the "record" fever his brain is excited by something less than science and much less than wisdom. Take, for example, a given case: An operator is rapidly swelling his list of "successful cases of laparotomy"—his first fifty or his first hundred may be almost, but not quite, complete. A case of violent dysmenorrhœa, "ovarian neuralgia," or other neurosis presents itself. Think you he—or, indeed, the expert of the gentler sex—will risk the uncertainties and tediousness of general or conservative local treatment? Not for a week! The historical verdict reads: "An operation was immediately proposed and consented to. Operation performed May, 188—. Right tube catarrhal, ovaries slightly cystic. Removed. Temperature never rose above 99° F. Recovery uninterrupted." Behold! the fifty, the hundred cases are now on record, and "a year's record in laparotomy" is brilliantly completed!—*Dr. McLean.*

WORTH KNOWING.

To relieve the burning and itching of urticaria, nothing acts so certainly as a mixture of equal parts of alcohol and chloroform, used as a lotion.

For carbolic acid poisoning, soap is an efficient antidote, and should be given as soon as possible after the poison has been taken, and continued until all toxic symptoms have disappeared.

To prevent the condensation of vapor on lenses used in examination of the throat, to prevent their becoming dim, spread a drop of glycerine over the surface of the glass. It can then be introduced into the throat without becoming dimmed.

Salicylic acid was found in seven of thirty-two samples of beer examined. Inasmuch as salicylic acid is eliminated but slowly, and as it is liable to interfere with gastric digestion, and also to give rise to serious irritation of the kidneys, its presence, even in very small quantity, in a beverage is certainly to be discountenanced.

The proper and most practical method of disinfection of dwellings, after the occurrence in them of exanthemata and of diphtheria, is by means of sulphur dioxide, and all clothing, bedding, etc., used in direct contact with the patient should be removed to a disinfecting station, properly equipped, and there subjected to heat of sufficient intensity to destroy all contagious matter.

At the time when railroads were first introduced into Germany, the Royal College of Physicians in Bavaria signed and issued a protest against the new mode of travel. "Locomotion," it declared, "by means of any kind of steam-engine should be prohibited in the interest of public health. Rapid change of place cannot fail to produce among travelers the mental malady called *delirum fusiosum.*"

I have prescribed Berberis aquaf. for the past twelve years in those cases of prolapsis uteri in which there was a slight leucorrhœal discharge, dragging pain in the small of the back, and pains down the limbs to the knees, accompanied with blotches or pimples on the face and body. It has given splendid results. But I must say I have never prescribed it in any case, where the woman was otherwise healthy, that pregnancy did not follow its use if the woman became exposed. I do not remember of ever seeing an account of the result in literature. I have never known it to fail. I usually give it in 15 to 20 drops three or four times a day of the fluid extract or tincture.—*Dr. J. S. Cooper; Missouri.*

It has been noticed that many of the women employed in counting "greenbacks" in the Treasury Department at Washington look ill and have sores upon their hands and heads. The symptoms are those of arsenic poisoning, and were ultimately attributed to the fact that the clerks wetted their thumbs and forefingers to assist in turning over the notes, the green color of which was due to the mineral mentioned, and then touched their faces or lips with the poisoned fingers.

The last death from hydrophobia which occurred after inoculation at the Pasteur Institute took place the 21st of August last—that is to say, five months ago. Since then, 850 persons have been treated at the institute, and not one death has occurred among them. This satisfactory result is accounted for by two facts. The first is that the patients, after being bitten by rabid animals, reach the Pasteur Institute quicker than they did formerly, and the second, and perhaps more important, is that experience has taught the best method of regulating the treatment.—*Bulletin Medical.*

A word is a complexus; in it we can discover, in persons of education, four distinct elements: the auditory memory-picture, by whose means we are able to grasp the sense of words heard; the visual memory-picture, which enables us to comprehend the words written or printed; and also two motor elements—the motor memory of articulation and the motor memory of writing, the first developed by the repetition of movements of the tongue and lips necessary to pronounce a word, the second by the practice of motions of the hand and fingers necessary for writing.—*Charcot.*

Septic absorption is, without question, a far more frequent cause of subinvolution than will be admitted by the mass of practitioners, and a present shame it is, in this age of preventive medicine, that this statement should be true. Not that in every case of subinvolution due to this cause there should have been a well-marked run of "puerperal fever," so-called, but where antiseptic, or, at least, aseptic, methods are despised or neglected, nothing is more common than to have, during the first week of convalescence, a rise of two or three degrees in the temperature (commonly called milk fever), the presence of fetid lochia and moderate abdominal tenderness. In many of these cases there is set up a sufficient degree of uterine or peri-uterine inflammation to interfere seriously with the process of involution; and if this be true of these mild cases, much more surely will subinvolution follow the more marked instances of septic intoxication. Given a case of puerperal septicæmia, and subinvolution may be confidently predicted.—*Dr. Kingman.*

COLLEGE NEWS.

NEW YORK.

HOMŒOPATHIC COLLEGE AND HOSPITAL.

Prof. Dillow:—Absence of casts in the urine does not contra-indicate the existence of nephritis, although casts are usually associated with nephritis.

The elimination of bile seems to act as an irritant to the kidneys, and you very seldom find biliary matters in the urine without at the same time finding at least a small amount of albumin.

Prof. Beebe:—There are certain throat symptoms which are characteristic of the menopause.

You will, in the great majority of mouth breathers, find Luschka's tonsil enlargement, and it can be relieved.

Prof. Danforth:—After operation for laceration of the perineum you will find Calendula and vaseline, one teaspoonful of the tincture to the ounce, a very soothing and healing application.

Never apply a *binder* with the idea of making pressure upon the uterus. It should be used for support only.

Always use a dry dressing for the *cord*, avoiding anything of an oily nature.

Never give chloroform in the third stage of labor.

Prof. Deschere:—These points have served me well, for Sambucus:—intensely spasmodic breathing, no cough, terrible dyspnœa, inhalation much more difficult than exhalation.

If measles begins with spasmodic laryngitis it is a bad sign; so it is to have scarlet fever set in with severe vomiting.

Diphtheria, starting in the larynx, seldom progresses upwards. True croup often does.

Prof. Allen:—It is a good general rule to refuse animal foods to patients whose temperature is above 100° F.

The typical Sulphur patient is cross and irritable in the extreme. It is rare indeed, that you find a quiet, pleasant patient requiring Sulphur.

The supposed bacillus of pneumonia is killed, and its poisonous action stopped by high fever. The higher the fever, the less limited their power of destruction. What arrant nonsense, then, to dose with anti-pyretics to reduce the temperature! Experience has shown, that while lowering the temperature, these drugs do not stop the disease:—a high temperature is an effort of nature, and is to be treated accordingly.

In gall-stone colic, before you inject Morphine, try this simple expedient:—Put 12 drops of

ether in a half glass of water, and give a teaspoonful every ten or fifteen minutes. I have seen instantaneous relief in some cases, and while always making allowances for the possible passage of the stone, and thus mechanical relief, still, I believe the above well worth your remembrance.

You will sometimes prescribe Natrum mur. for a relaxed state of the abdominal muscles, which may predispose to various troubles. We often see this condition after parturition, especially when the parts have been tightly bandaged for a long time.

Kali iod. has often proved a valuable remedy for the troublesome salivation of pregnancy, when not accompanied by nausea and vomiting.

When a tooth appears devoid of enamel, remember the value of Calc. fluorica. I generally use the 6th.

I am in the habit of prescribing hot drinks for my patients who suffer from acid dyspepsia, always avoiding ice-water, etc.. This applies in a general way to lithæmic persons. Now when I find a strong aversion to these warm drinks, I at once think of Calcarea carb.

Prof. Norton:—In using Atropine in the eye remember always to put it in the outer canthus. It is best at the same time to lean the head toward the same side.

Pink color of the conjunctiva is very apt to mean some deep-seated trouble in the eye. Hair dyes and snuff are common causes of eye affections. To protect the eyes don't use *green* glasses. They have been proven not to shut out the rays which cause the irritation. Smoked or blue are much better.

Prof. McDonald:—Exceptionally you may find a hæmatocele that is movable. As a rule, however, they are fixed.

One characteristic of phlegmon is that it is firmly attached to the pelvic bony wall. This should help you in your differential diagnosis.

There are some cases of laceration of the cervix which heal at once, of their own accord, and the mere fact that such *do* exist at times, and heal thus, without causing trouble, is good enough reason, in my mind, why every woman should remain quietly in bed for 10 days after delivery, and thus save future trouble.

There is a second class of cases which do not unite, but nevertheless cause no apparent harm, and remain unnoticed unless discovered by an examination. The fact of this second class existing for years, and no trouble resulting, is good proof that all cases do not require an operation.

CLEVELAND.

HOMŒOPATHIC COLLEGE AND HOSPITAL.

Prof. Biggar says:—For epithelioma of the lip Arsenicum 2x is the great remedy. It can also be sprinkled on the surface with good results, as Dr. Mitchell recommends.

Musk, 15 grs. in q. s. Glycerine as will dissolve it, and put into the rectum, is of marked value in resuscitation.

Macrotys 2x for chorea in young girls is almost a specific.

In the majority of skin diseases you will find some trouble with the stomach.

When there are enlarged tonsils the best way to treat them is to remove them.

Never use animal tissue ligatures in the abdomen; use silk.

An examination of the abdomen is never complete unless you have the patient straighten out the limbs while on the back, to see if it g e s pain.

Prof. Baxter says:—On the inception of i a betes other diseases present may disappear, and *vice versa*.

Sometimes a peculiar feature of a disease will point to the indicated remedy, but do not look for a peculiar symptom and overlook the others.

Prof. Jones says:—In bronchitis, bathing of the body is good to free the skin of deposits, but do not bathe when the patient is depressed or chilly; rub the skin dry and get a reaction.

Prof. J. C. Sanders says:—Reserve the voluntary forces of labor until the second stage; do not let the patient exhaust them. Insist on this.

Dilatation is not a mechanical result, but is a vital act, as much so as pain or contraction.

In parturition, when the pulse of the patient runs up to 100 and remains there, unless normally so, the patient is either bleeding or is going to do so very soon.

After the first examination of a woman in labor, a second and third examination is made only to note rate of progress and to confirm the diagnosis of presentation.

Always have a thermometer in the parturient chamber.

Prof. Phillips says:—You can never depend on pain to aid you in diagnosis of eye troubles.

In abscess of the cornea, hot applications are best; use continually for fifteen or twenty minutes, then rest for an hour or two, then repeat; cover the eye lightly during the interval.

Almost all cases of congenital deafness are due to some malformation of some portion of the internal ear.

Prof. Miller:—If pus from an abscess is thin, pale, foul and unhealthy, use a stimulating wash.

In non-inflammatory gangrene, sustain the vitality by position favoring blood-return, by warm applications, and by friction.

In gangrene, if you can locate the emboli, you may amputate before the line of demarkation is formed, as this line in non-inflammatory gangrene is very slight.

In simple acute synovitis, treat with rest, immobilize the joint, use medicated fomentations to relieve pain and swelling. If the capsule is distended use aspirator, and take care not to infect the joint.

The three main points in treatment of synovitis are rest, extension and asepsis.

In morbus coxarius the treatment is rest, immobilize the joint in extension; if pus forms evacuate it and treat as any other abscess.

ST. LOUIS.

HOMŒOPATHIC MEDICAL COLLEGE.

Prof. Richardson:—The remedies most frequently indicated in hemorrhages should be thoroughly learned, so as to be ever at your tongue's end; for in post-partum hemorrhage, especially, you have no time to consult your repertories. If in cases of abortion the remedy selected fails to control the hemorrhage, other means must be resorted to.

In cases of passive hemorrhage where there is a constant oozing of blood, hot water injections will be found very valuable. Have the water *hot* as it can be borne, so that it will shrivel the mucous membrane of the uterus and close the vessels.

If the hemorrhage is active, use *cold water* injections. It checks the flow by producing contractions of the muscular tissues of the uterine walls which surround the sinuses.

In extreme cases, a piece of ice, made smooth so as not to lacerate the parts, may be inserted into the uterus.

If these means fail we may resort to the tampon. But remember that it is dangerous, criminally so, to use the tampon after the *fifth* month of gestation. The cavity of the uterus is then so large that it will contain enough of the patient's blood to cause death without its escaping externally.

If all other means fail, as a final resort use the persulphate of iron. Use an ounce to two quarts of water. This is a strong solution, but in such cases it is necessary to have something that will act quickly. Inject the persulphate of iron solution with a syringe that has a long nozzle. Insert the nozzle well up to the fundus before you force out the solution. This is necessary or the solution will, if forced out before the nozzle reaches the fundus, cause the blood to coagulate at the lower part of the cavity and prevent its reaching the blood in the upper part of the cavity. This coagulum at the lower part will act as a tampon and in the latter months of pregnancy or in post-partum hemorrhage, will permit the patient to bleed into the enlarged upper part of the cavity and thus produce death.

Fainting is of frequent occurrence in uterine hemorrhage, but do not become panic-stricken at this, even if the friends and relatives do. Tell them that women do not usually die during the faint. Fainting is an attempt on the part of nature to stop the hemorrhage. During the faint the flow ceases and the patient often faints a half-dozen times before death.

In post-partum hemorrhage first knead the uterus through the abdominal walls. If the uterus fails to contract insert your hand, close the fist, and knead the uterus on the inserted fist. You may also extend the fingers and irritate the inner surface; this will excite muscular contraction. After it begins, let the contraction force the hand out of the uterus.

The persulphate of iron solution many times succeeds when all other means fail, but it is generally followed by inflammation. The inflammation can be controlled by internal medication, for we have more time to combat it than we have in case of the hemorrhage.

Practice.—Prof. Schott:—Adults nursing one affected with scarlet fever may be attacked with a violent sore throat accompanied by a high fever, the attack simulating incipient scarlet fever, but there is no eruption and no sequel; yet one suffering with this sore throat may give to another true scarlet fever.

Recent investigations show that scarlet fever is most contagious during the febrile stage.

Cases of scarlet fever presenting apparently mild symptoms in the incipient stage except the inflamed fauces being of a very *dark red color*, are to be regarded with suspicion, as they often assume a very dangerous form. Where there is great itching of the skin during the desquamation of scarlet fever, an application of an inunction of ten grains of boracic acid to the ounce of vaseline will relieve the itching.

In mild cases of measles the eruption may come out and disappear in twenty-four hours without any untoward symptoms.

Pulsatilla for gonorrhœal rheumatism aggravated by warmth, ameliorated by cold and pressure; must move about, no relief from moving; pains erratic.

Kali bichrom. for wandering rheumatic pains; pain in small spots size of a ten-cent piece; always better from *warmth;* excellent in gonorrhœal rheumatism.

Prof. Schott says:—Never wean a child during the hot months of summer. It will better stand the change of diet in the spring and best in autumn.

In treating diseases of children he finds that potencies ranging from the 30th upward act better and quicker than those below the 30th. In acute cases, such as cholera infantum, etc., he repeats them frequently at first — sometimes every fifteen minutes.

Says the best prophylactic for cholera infantum is the seaside atmosphere.

When there is obstinate vomiting in young children suffering from bowel troubles, and the brain is sympathically affected, give Plumbum, Tabacum and Opium. Vomiting accompanying organic affection of the brain, give Zincum and Cuprum.

When Ipecac seems indicated and does not relieve, give Sanguinaria.

Many diseases in the cities result from drinking bad *well* water. The water becomes contaminated from privy-vaults and sewers. The water may be perfectly clear and taste agreeably when first taken and still be unhealthful. A good test is to take a bottle, fill about half full and cork, then set it aside in a warm room for twenty-four hours. If you then shake it and either smell or taste it you will readily discover whether it is contaminated or not.

CINCINNATI.

PULTE MEDICAL COLLEGE.

Prof. Crank:—Intestinal worms is not a disease any more than a cough is; there is always some trouble back of it. A physician who prescribes for worms alone makes a great mistake. We must prescribe for the constitutional trouble. The worms can be removed by doses of Terebinthina, Santonine, or Spigelia, but are likely to return. For that peculiar hoarse cough accompanying worms and coming on at night Hepar Sulph. 6x or 12x (trit.), one powder, has proven highly successful.

Prof. Stewart:—To prevent bed-sores place a piece of goat skin (hairy side up) beneath the bed-sheet in the region of the hips. It prevents the contact of the sacrum with the bed and any irritation to the parts.

Prof. Buck:—The following formula I have found of great use in the removal of tape-worm. It is very "bad" to take, but to an ordinary healthy individual harmless:

℞. Pumpkin Seed, - - - ℥ j;
Ext. Eth. Male Fern, - ʒ ij;
Pomegranate Bark, - - ʒ ij;
Oleum Croton, - - gtts. ij.
M. Make a four-ounce emulsion.
Sig. To be taken at one dose.

The patient is to fast, as nearly as possible, for twenty-four hours. The following morning the mixture is to be taken. It is a good plan to precede it by some mild purgative. In nine out of ten cases it will remove the worm in six hours. The dose can be moderated for delicate women or children.

Prof. McDermott:—For the inflamed condition of the eye following the removal of a foreign body, such as bits of wood, or steel, or emery, the following formula will quickly relieve:

℞. Aconitum Nap. ϕ, - - gtts. iij;
Aqua dest., - - - ℥ j.
M. Sig. A few drops in the eye three or four times a day.

For trachoma with pannus I often use this solution:

℞. Zinc sul.
Cuprum sul.
Ferric sul., - - aa grs. j;
Alum, - - - - grs. ij;
Aqua dest., - - - ℥ j.
M. Sig. A few drops in the eye three times a day.

Prof. Pauly:—In the treatment of strictures of the urethra and rectum I have used Prof. Porter's dry heat applicator with good results.

Dr. Linn:—A 25 per cent solution of boroglyceride, applied on a cotton tampon to the external os after the use of compound tincture of iodine, makes a good application in granular degeneration of the external os.

Prof. O. W. Lounsbury:—A case that had been diagnosed as spinal meningitis and given up by the old school attendant came into my hands recently. Upon inquiry I learned that the illness dated back to a short time after the patient had sustained a fall, the head being struck. The symptoms also indicated the drug, and with this history of traumatism I prescribed Arnica 30x. In the course of a day marked improvement set in and in two or three days the child was entirely recovered. The old school man regards the result as miraculous. No other drug was prescribed.

Prof. Hartshorn:—Be very guarded in administering brandy or whisky for shock. Camphor 1x will do the work better and as promptly. Inhalations of tincture camphor, nitrite of amyl, or ammonia are also very expedient.

IOWA CITY.

IOWA UNIVERSITY.

Prof. Cowperthwaite says:—The aggravation of a drug is one of the most important symptoms.

Medicines which have a similar origin should rarely follow each other. Go into some other kingdom for a remedy.

There may be mercurial poisoning from amalgam filling in the teeth.

Prof. Cogswell says:—The less manipulation in obstetrical practice the better. Never introduce the hand into the uterus unless to remove clots and produce contraction.

Administer Gelsemium internally to produce dilatation of the os and use belladonna ointment locally.

Never administer stimulants after delivery.

Graphites 12x is a valuable remedy for cracked nipples. Castor oil applied two or three times a day keeps the nipples soft and well.

In treatment of vulvitis use hot vaginal douches; Bichloride of mercury, one grain to the pint of water. Baptisia tincture may be applied locally.

Prof. Gilchrist says:—The A. C. E. mixture is the best general anæsthetic.

Baryta carb. sometimes cures lipoma.

Local application of tincture of Bovista is better to relieve pain of cancer than Morphine.

PHILADELPHIA.

HAHNEMANN MEDICAL COLLEGE.

Prof. Mitchell:—For the artificial feeding of infants, recommends the following:

℞. Milk, - - - Oj.;
Warm water, - - - Oj.;
Arrow-root, - one teaspoonful;
Sugar-of-milk, - 1½ drachms;
Gelatine, - - one scruple.

Mix and subject to a good shake. If constipation is caused by the above, add two tablespoonsful of cream; if diarrhœa, add water.

Never use condensed milk save in cases of absolute necessity.

In extreme nausea of pregnancy he advises a glass of hot milk before the patient arises; scraped bits of raw meat, placed between small pieces of ice. The patient should eat from four to six times a day.

Never have a tooth extracted during pregnancy, for sometimes abortion follows.

During the existence of variola epidemic, vaccinate all pregnant women under your care.

An early symptom of latent scarlet fever of pregnancy is a rapid rise in temperature and a dry vagina.

Malarial fever of pregnancy, as a rule, takes a continued form and is associated with marked anæmia and low grade of fever.

Women having heart or lung lesions should not marry.

In the latter months of pregnancy, when the natural anteversion of the uterus is increased, especially in women having loss of tone in the abdominal walls, support the uterus by applying a well fitted bandage.

Prof. Snader:—A cavity in the lung can often be detected by having the patient hold the stethoscope before his open mouth, with the tubes in the examiner's ears, while you percuss.

Prof. Betts advises the application of two tampons to a replaced prolapsed uterus, a large one against the cervix and a smaller one anterior to it.

Prof. James:—In minor operations about the face, only a few drops of cocaine 2% solution should be used, as the region supplied by fifth pair of nerves seems peculiarly susceptible to its powers, and if used in excess will cause fainting.

Use chloroform in anæsthetizing babies.

Use this agent in operations about the throat. It does not cause that excessive flow of saliva and mucus as ether does.

In giving ether, support the jaws at their angles by pressing forward with the thumb and fingers; this keeps the tongue forward and prevents choking or gagging.

In operations upon the abdomen give one-eighth grain of Morphia fifteen minutes previous to the anæsthetic, as it relieves the tendency to shock. Ether may be continued four to five hours if the patient is in good condition.

CHICAGO.

HAHNEMANN MEDICAL COLLEGE.

Prof. Ludlam says:—Leucorrhœa from the cervix is the most exhausting, owing to the secretions being highly albuminous. When a woman has pains in the back; is terribly exhausted; has never conceived; no history of abortion; you may be suspicious of cervical leucorrhœa.

Ulceration above the internal os is usually malignant.

Syphilitic women who miscarry are usually exempt from pain or premonitory symptoms of the threatened accident.

Ascitic fluid, on standing, throws down a thick, fibrinous sediment (color similar to pale urine); ovarian fluid is colorless at first, but

grows darker; no sediment. Ascitic will coagulate on standing. Ascitic and ovarian fluids are always albuminous.

Prof. Bailey says:—The cardinal points in gynecological treatment are embraced in *pain* and *hemorrhage*.

Hamamelis 2x, ten-drop doses every three hours, is a good remedy in phlebitis.

Prof. Chislett defines inflammation as:—A nervous disturbance causing an undue blood supply to a part, resulting in the exudation of serum and leucocytes, manifested by the symptoms of heat, pain, redness, swelling and derangement of function.

Prof. Gee says:—The worst and most difficult cases of la grippe that he has had to treat are those who have previously taken quinine.

BOSTON.

BOSTON UNIVERSITY SCHOOL OF MEDICINE.

Dr. Boothby:—If a wound be treated with absorbent cotton and collodion, use both abundantly, and secure by bandage or adhesive plaster against any accidental opening of the dressing. Should this occur, the wound must be inspected and dressed daily. Do not seal an old wound.

Prof. W. Wesselhoeft:—Ante-partum hemorrhage may come from the uterine vessels or those of the vagina or vulva, as well as from the placenta. The hemorrhage may be as much as a half-pint without danger, provided all other conditions are normal.

Prof. J. Heber Smith:—Use Aurum metallicum for sanguine temperaments with tendency to epilepsy; angina pectoris with violent constriction of the chest and spasmodic action of the heart; ascites with albuminuria, face puffy and of unwholesome color; offensive nasal catarrh, with ulceration and formation of dry crusts.

Dr. Hayward:—Surgical interference in fracture or dislocation of vertebræ should be deferred until all acute inflammation subsides, probably five to seven weeks.

Prof. Woodvine:—The tongue as a disease indicator: The papillæ enlarge in dyspepsia and scarlet fever; increased secretion, white to brown, may be due to psychical causes; a dark coating results from excess of acid fruits. The tongue is moist in catarrh, dry from mental depression, from breathing through the mouth, and from fevers. It is a good omen to clear from tip to base; extreme trembling indicates alcoholism, paralysis or fever.

Prof. Ahlborn emphasizes the advantage of full respiration involving the diaphragm. As there is not contractive power either in the substance or ducts of the liver, the bile flows out by force of gravity and by the action of the diaphragm; consequently a slight obstruction is sufficient in a sedentary life to bring about sluggish action of the liver.

Professor Conrad Wesselhoeft:—Treat coryza having profuse, hot, acrid discharge by snuffing warm water (115° Fah.) into the nose; do not use salt or soda ordinarily; protect the feet with thick soles, a daily bath and daily change of shoes and stockings. Nux vomica will relieve the snuffles of little children.

Dr. Bull:—While the cause of cancer is obscure, marked mental depression seems to predispose to malignant tumors, especially those of the abdomen. The carcinoma is most frequently found in the breast; the sarcoma in the testicle, bone or extremity, and is almost the only cancer met with before puberty, the most malignant, most reckless and most speedily fatal; the epithelioma is prone to rise from some old defect of the skin. Arsenic, Hydrastis and Creosote are suggested in palliative treatment.

CHICAGO.

HOMŒOPATHIC MEDICAL COLLEGE.

Prof. Streeter says:—In case of a mild bilateral laceration, when the os is simply patulous, the laceration not extending quite up to the margins, there being no eversion or mass of cicatricial tissue, it is not advisable to operate, but simply to touch the angles with fuming nitric acid; then, by means of a pledget of cotton to wipe away any acid that may be remaining on the surface, and apply Hydrastis and Glycerine. Let the patient return in a month, when, if necessary, you will repeat the treatment. Have her call again after two months and you will probably find her well. It is not advisable to apply this treatment more than two or three times, and always at intervals of a month or more.

Even in cases of badly torn cervix, do not operate unless there are other symptoms sufficient to warrant you in so doing. There are cases, though rare, when there are no symptoms, subjective or objective, other than the torn os.

When there is pelvic cellulitis or peritonitis, do not operate until your patient is well of these troubles even though the inflammation be subacute.

Prof. Hobart says:—Two or three doses of Creosotum 3x or 6x will often cure very offensive lochia.

Prof. J. S. Mitchell says:—You may lay it down as a law that when you give an anodyne the pain will return in proportion to the amount of the anodyne given.

Phthisical patients of scrofulous diathesis can often be helped by cod-liver oil in small

doses, while those of nervous temperament may receive more benefit from some form of the syrup of hypophosphites. Fellows' preparation is good.

Prof. Woodward says:—In diphtheritis where there seemed no hope I have found Zinc to work like magic. It is indicated when the disease starting in the pharynx goes down into the larynx, with much infiltration of glands, great pallor with very feeble and irregular pulse, hands and feet cold, and still more definitely indicated if in addition there is delirium or coma with severe prostration.

I have cured severe renal colic and arrested the formation of gall-stones with Lycopodium.

Prof. A. G. Beebe says:—Plaster-of-Paris splints should always be applied close to the surface but never with pressure.

Prof. Tooker says:—The free use of buttermilk will often work wonders in removing lime phosphates when their excess has produced stiffness of hands or limbs.

Prof. Kippax says:—In gastric disorders œdema of the ankles furnishes a strong symptom of carcinoma of stomach. If œdema is present examine for some hardened condition around the pyloric orifice. Also pink sediment in the urine is a strong suggestion of malignant disease of the stomach.

It has become my habit not to feel concerned about a temperature up to 101° Fahrenheit coming during the first three or four days after an operation, if it be unaccompanied with unusual pain, headache, or anorexia. By securing a free action from the bowels, the temperature ordinarily drops to about normal in twenty-four hours. If, with a nearly normal temperature for several days after operation, it suddenly mounts to 100° or more, some complication is impending, and it must be sought for with great care. Latterly it has been a surprise to me how many of the cases go on to a safe recovery without the administration of any medicine. If sepsis is avoided, the individual's own powers of repair seem entirely competent to combat other complications with the simplest of assistance. When pain is a complication, rectal injection of the Tr. opii deodorata, in full, free doses (30 drops or more), has always seemed to cause the least disturbance and accomplish the best results.—*Chas. T. Parkes.*

We demand, in terms most positive and unmistakable, the civil right to license our own students.—*Dr. H. M. Dayfoot; New York.*

CORRESPONDENCE.

Things Infinitesimal.

CLEVELAND, OHIO, Feb. 20, 1890.

To the Medical Era:—I send you an extract from the writing of Charles Darwin, which I have come across in my reading (Biography, vol. II., p. 498):

The 1-4000000 of a grain [of phosphate of ammonia] absorbed by a gland clearly makes the tentacle which bears this gland become inflected; and I am fully convinced that 1-20000000 of a grain of the crystallized salt (i. e. containing about one-third of its weight of water of crystallization) does the same.

Yours truly, MEDICUS.

A Nut for High Potency Men.

DECORAH, IOWA, Feb. 20, 1890.

To the Medical Era:—In the course of reading a chapter by Sir John Lubbock on the "Hope of Progress," I send you the following extract, which should be of interest to every follower of Hahnemann:

"It has been calculated that a particle of albumen one eighty-thousandth of an inch in diameter contains not less than 125,000,000 of molecules. In a simpler compound the number would be much greater; in water, for instance, no less than 8,000,000,000. Even then, if we could construct microscopes far more powerful than any we now possess, they could not enable us to obtain by direct vision any idea of the ultimate organization of matter. The smallest sphere of organic matter which could be clearly defined with the most powerful microscopes may be, in reality, very complex; may be built up of many millions of molecules, and it follows that there may be an almost infinite number of structural characters in organic tissues which we can at present foresee no mode of examining."

Therefore, I earnestly solicit an insertion in the ERA. E. CARTWRIGHT, M.D.

Hæmophilia—Case for Consultation.

MARTINSBURG, NEB., Feb. 8, 1890.

I was called Dec. 15, 1889, to a child four months old, taken with restlessness, then crying as of "wind colic." About two hours after, one green discharge from the bowels, followed by discharges of blood occasionally for ten hours. Screaming at intervals, about the time of every discharge of blood. I thought I had it checked for about eight hours, but think there must have been internal hemorrhage, when the bleeding commenced again. The child died near midnight, about forty-eight hours after taken. It was in more or less pain until within one

hour before death. No remedies appeared to do any good. On examination when being laid out, it showed blood oozing from the anus and urethra.

An aunt of the child, sister to the mother, died in Washington a few years ago (was about six years old) in the same way, bleeding from the bowels and urethra at the same time, but was sick about one week and in terrible distress all the time. The doctor could not tell what it was. Another case occurred in Dixon county, Nebraska, about one year ago. A little boy was taken with pain and terrible distress, and bleeding from the bowels, but a more steady flow. He died within twelve hours. The doctor who attended said that he never saw or heard of such a case before.

I would like to know if any reader of the "Era" has ever had a case of the kind, and if so, what it is, and what is the remedy.

A. M. Cross, M.D.

[The cases described are instances of that rare disease, *hæmophilia*. It is a hereditary and congenital disease, marked by obstinate and prolonged hemorrhage, either external, internal or interstitial. The hemorrhage may be spontaneous or traumatic. The subjects of this disease are what are called "bleeders." One of Queen Victoria's sons, who died several years ago, was a victim of hæmophilia. The pathology of the disease is very obscure, it never having been well defined. Heredity is the chief predisposing cause, although in the transmission it may skip a generation or two. Queen Victoria's son probably inherited it from some of his German ancestry, for it is more common in the German race than in any other. There is no specific treatment, and it is doubtful if remedies would avail anything in such a case as Dr. Cross describes. Crotalus and Lachesis would be suggested, but experience in homœopathic treatment is too limited for anyone to speak with authority.—Ch. G.]

Milk Sickness and Pernicious Fever.

Dr. J. G. Munselle, of Centralia, Ill., expresses a very decided opinion to the effect that no practitioner of ordinary intelligence who has ever seen and smelled a case of genuine milk sickness will ever take it for pernicious fever. He gives the following method of differentiation:

MILK SICKNESS.	PERNICIOUS FEVER.
Prevails only in very limited districts which can be definitely located.	Prevails the world over, in all intensely malarial countries. Can't be fenced.
Affects horses, cattle, dogs, etc.	Lower animals are exempt.
Seldom attacks abruptly and never comes in paroxysms.	Frequently attacks abruptly and comes in paroxysms.
Patient appears dull, stupid and indifferent.	Patient is uneasy and restless with marked jactitation.
Bowels always obstinately constipated. No voluntary movements.	Bowels very seldom constipated; free voluntary evacuations.
Abdomen hard, retracted, with marked aortic pulsation.	Abdomen soft, without aortic pulsations.
Has a peculiar odor of the breath that is pathognomonic.	Breath is without any specific odor.

—*Medical Standard.*

SOCIETY PROCEEDINGS.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

THIRTY-NINTH ANNUAL MEETING,

Held at Albany, N. Y., February 11 and 12, 1890.

The Homœopathic Medical Society of the State of New York convened in the City Hall, Albany, at 10:15 a. m., Feb. 11.

The society was called to order by the president, Dr. Herbert M. Dayfoot of Rochester. Prayer was offered by the Rev. Mr. Foster.

President Dayfoot delivered his introductory address. He welcomed the delegates to the annual session, spoke of the pleasure in this coming together, paid a tribute to the memories of those who had died during the year and referred to the proceedings had at the semi-annual meeting. Referring to the action of the semi-annual meeting sustaining the previous action of the state society regarding state boards of medical examiners, the president expressed himself very fully and decidedly. From his address we make the following extracts:

This question is to-day by far the most important matter that we shall have presented for consideration. It involves the life or death struggle of the homœopathic school. There are two bills before the Legislature designed to create boards of medical examiners. One presented by the allopathic school provides a single board. The other, presented by the homœopathic school, provides three boards, one for each of the incorporated schools of medicine.

Provision is made in the allopathic bill for the representation of the three incorporated schools of medicine, the basis of representation, however, being unequal as regards numbers, the allopathic school retaining a majority. At the meeting of the allopathic society held one week ago the specific form of majority membership named in their present bill was dropped, and the wording of the first section ordered to be changed, so as to allow the Board of Regents to select appointees as they may deem best.

This shifting of the responsibility from themselves to the Board of Regents does not afford the homœopathic school any additional security from the danger of allopathic control, and is not designed to do so. The allopathic school is determined to secure the single board, and to obtain control thereof, either by the express provisions of their bill or through the instrumentality of the regents. In either case the danger to the homœopathic school is equally

great. This change, however, has been forced upon the allopathic school. It has not been made willingly; but on account of the disapproval on the part of the public already expressed against placing the members of one school under the control of another. It is the merest makeshift, designed to blind the public, without giving up a particle of the power they intend to acquire and use to the disadvantage of the homœopathic school, by means of the single examining board, the single board being their only resource for obtaining complete control of the licensing of homœopathic students.

The manifest unfairness and illiberality of the allopathic bill may be seen at a glance. Under the plea of elevating the standard of medical education they are seeking to place us and our school in a position of subserviency, and rob us of the civil right to license our own students. It has evidently not occurred to the framer of this bill that results to some, at the expense of civil rights to others, will be more than extortionally compensatory; that we are ready in separate bands to hold up the standard as high as the old school dares to, and to make legal arrangements and provisions for it through consultation and the adoption of a uniform examination; that if this is the only end sought there is no reason why the old school should have a majority representation in a single board; that to assume that the other schools will lower the standard is a gratuitous, if not insulting, assumption.

That the homœopathic profession is a unit in sentiment in opposition to this centralizing and arbitrary scheme is shown by the fact that the separate board system, as embodied in the first section of the homœopathic bill, has been endorsed by every homœopathic medical society, State and National, in this country, and the faculties of all the homœopathic medical colleges.

We must not for an instant lose sight of the fact that the allopathic school is intent upon securing the single board as its only method for obtaining a hold upon our school; and also that our only hope of freedom therefrom is the establishment in this State of the separate board system.

While we are equally solicitous with the allopathic school to raise the standard of medical education in order to protect public interests, we recognize the fact that we are equally capable of judging as to a proper standard of medical attainment; hence the public will gain nothing by giving the allopathic school control of the single board; on the contrary, public interests will be jeopardized and impaired by practically confining to one school licensing powers which properly belong to each equally. We demand in terms most positive and unmistakable the free exercise of the civil right to license our own students.

At their meeting held last week the allopathic school endorsed the single-board bill by means of which they can obtain power to be used against the homœopathic system, and at the same time, while denouncing the use of the name as a trade-mark and as advertising business interests, they approved a proposition to enter upon the teaching of homœopathic principles and practice in their medical colleges. Pardon us, "our friends, the enemy," if we refrain from swallowing this sugar-coated pill. It can be considered none other than a sop to Cerberus; the dog, however, had three heads; we also desire three boards. Besides, the sugar-coating is thin, and the contents unpalatable, while our pills are homogeneous.

Then, too, what a boon it will be to have students acquire a knowledge of homœopathic principles from those who have repeatedly declared the system a myth; from those who have sought to ostracise it and deprive it of its distinctive name; in fact, from its enemies! As consistently might we expect to obtain a knowledge of the principles of republicanism from kings; of those of free trade, from protectionists; or of theology from the devil.

If, however, these allopathic medical colleges shall set about the teaching of homœopathic principles *in good faith*, and shall select instructors from the membership of the homœopathic school—legally qualified and recognized homœopathic physicians—we will accept such evidence of good will and sincerity of purpose, tender our congratulations to them on having progressed to an acknowledgment of the truthfulness and trustworthiness of homœopathic principles, feeling assured of additional convincing evidences of proximity to the medical millennium.

COMMITTEES.

After the conclusion of his address the following committees were announced by the president:

President's address, Drs. W. M. L. Fiske, Brooklyn; E. S. Colburn, Troy; A. B. Norton, New York.

Credentials, Drs. L. A. Bull, Buffalo; George E. Gorham, Albany.

Auditing, Drs. W. B. Gifford, Attica; D. B. Stumpf, Buffalo.

Finance, Drs. E. S. Coburn, Troy; George M. Dillow, New York; George W. Lewis, Jr., Buffalo.

MINUTES.

The minutes of the last meeting were approved as printed, after which the committee on credentials reported these delegates present from other societies: Dr. George B. Peck of the Rhode Island society and Dr. W. W. Van Vaughan of the Pennsylvania society.

NOMINATIONS.

Nominations for office being next in order, Dr. George W. Lewis, in a few eloquent remarks concerning his erudite and scholarly attainments, presented the name of Dr. George M. Dillow, of New York, for president. The nomination was seconded. Drs. N. B. Covert of Geneva and William E. Millbanks of Albany were nominated respectively for first and second vice-presidents. The balance of the nominations were referred to a committee consisting of Drs. W. M. Le Fiske of Brooklyn, Charles E. H. Brayton of Rochester, L. A. Bull of Buffalo and D. B. Stumpf of Buffalo.

LEGISLATION.

Dr. H. M. Paine of Albany read a report from the committee on legislation, of which he is chairman. We give the fourth *resolve* in the series:

Resolved, That we protest against any legislation providing a single examining board as an infringement of our civil rights to supervise and maintain our own educational affairs, and as an unwarrantable attempt to transfer our responsibility for the quality of our educational work from the people, where it properly belongs, to the allopathic school, without any adequate reason and without any apparent necessity.

AFTERNOON SESSION.

After the meeting was called to order there were submitted the following

REPORTS OF BUREAUS.

Bureau of Materia Medica, M. W. Van Denburg; Obstetrics, L. L. Danforth; Gynecology, Sarah I. Lee; Surgery, Sidney F. Wilcox.

The entire session was devoted to the reading and discussion of numerous papers.

EVENING SESSION.

At the evening session Dr. Conrad Wesselhoeft, of Boston, delivered an address on "The Relation of Homœopathists to their Own School, to the Old School, and to the State." His remarks dealt largely with the pending bill providing for a state medical examining board. He did not believe in a single board consisting of representatives of each school; there should be a separate board for each school. No restrictions should be placed on the right of every practitioner to follow the principles of any school he might select.

WEDNESDAY'S SESSION.

The society reconvened Feb. 11, at 10 o'clock, and was called to order by President Herbert M. Dayfoot.

A report from the Bureau of Ophthalmology was submitted by Dr. Charles E. Boyle of New York, who described "Two Cases of Glaucoma."

STATE CARE OF INSANE.

Dr. H. M. Paine offered a preamble on the recent report of the State Commission in Lunacy against the "county care system" of treatment for the indigent insane.

Dr. Selden H. Talcott described the purpose of the bill now pending in the Legislature, recommended by the State Lunacy Commission. He added that there were 480 private patients in the asylums of the state, and while provision was being made for the thousands of indigent insane under the care of county superintendents, provision should also be made for the wealthy insane in the same connection.

The report and resolutions were adopted.

ELECTION OF OFFICERS.

The hour for the election of officers, having arrived the president named Drs. Sheldon and Wilcox as tellers. These officers were then elected:

President, Dr. George M. Dillow, of New York.

First Vice President, Dr. N. B. Covert, of Geneva.

Second Vice President, Dr. J. M. Lee, of Rochester.

Third Vice President, Dr. W. B. Gifford, of Attica.

Secretary, Dr. John L. Moffatt, of Brooklyn.

Treasurer, Dr. Arthur B. Norton, of New York.

Censors: Northern district, Drs. H. M. Paine, S. T. Birdsall, W. H. Nickerson; southern district, Drs. W. M. L. Fiske, L. L. Danforth, J. J. Mitchell; northern district, Drs. H. M. Dayfoot, L. A. Ball, S. W. Brayton; middle district, Drs. Louis Faust, F. F. Laird, A. B. Kinne.

These chairmen of bureaus were elected: Surgery, Dr. DeWitt G. Wilcox, Buffalo; Materia Medica, Dr. W. M. Decker, Kingston; Clinical Medicine, Dr. J. M. Schley, New York; Gynecology, George E. Gorham, Albany; Ophthalmology, Dr. Charles Helfinch, New York; Otology, Dr. N. B. Covert, Geneva; Histology, Dr. R. R. Trotter, Yonkers; Mental and Nervous Diseases, Dr. J. T. Greenleaf, Owego; Obstetrics, Dr. H. M. Dayfoot, Rochester; Pædology, Dr. George F. Hand, Binghamton; Laryngology, Dr. Charles E. Jones, Albany; Vital Statistics, Dr. T. Franklin Smith, New York; Climatology, Dr. H. L. Waldo, Troy.

Senior Permanent Member—Dr. Henry D. Paine of New York.

Committee on Medical Legislation—Dr. H. M. Paine, Albany; Dr. A. O. Couch, Fredonia; Dr. S. H. Talcott, Middletown; Dr. J. W. Sheldon, Syracuse; Dr. George E. Gorham, Albany; Dr. J. M. Schley, New York.

A vote was taken on place for holding the semi-annual meeting, and Brooklyn was selected.

Adjourned *sine die*.

Cleveland Homœopathic Hospital.

The annual meeting of the society of the Huron street Hospital revealed a most satisfactory condition of the institution.

The report of the treasurer, Mr. W. A. Sims, indicated the house receipts as follows: Rooms, $7,111.70; wards, $6,060.59; training school, $987.15; transients, $363.38; balance from last year, $266.61. Total, $14,522.82. The subscriptions for the year amounted to $24,076.91.

The report of Dr. N. C. Hewitt, house physician, indicates that the number of patients in the hospital Feb. 1 was 16 males and 21 females, of whom 16 were occupying rooms and 31 were in wards. The number of admissions during the year was 561, of whom 488 were paying patients and 73 were charity patients. The total number of patients treated during the year was 598, of whom 586 were white and 12 colored; 303 were married and 295 single; 357 were residents and 241 non-residents. There were 378 surgical cases, 201 medical and 19 obstetrical, and 171 operations were performed. The number of patients discharged during the year was: Cured 46, improved 41, not improved 11, deaths 39; total 552. The number of patients in a moribund condition when admitted was 25. The percentage of mortality was 7.06. Percentage, exclusive of moribund cases, 2.53

The appointments are: Medical staff—President, H. Pomeroy; secretary, C. C. True; surgeons, N. Schneider, G. J. Jones, J. K. Sanders, H. F. Biggar, W. T. Miller, C. C. True; physicians, H. H. Baxter, J. C. Sanders, C. D. Ellis, D. H. Beckwith, P. A. Cole, H. Pomeroy; specialists, W. A. Phillips, B. B. Viets.

New York County Homœopathic Medical Society.

A special meeting of this Society was held Friday evening, Feb. 21, in their rooms, Third Ave. and Twenty-third Street, with an attendance of one hundred and thirty physicians.

President, George S. Norton, called the Society to order, when the Secretary, Dr. Chas. Deady, read the report of the committee on legislation, which comprised their findings in the cases of Dr. Egbert Guernsey and Dr. E. G. Rankin. The committee reported for the consideration of the Society the following charges:

Dr. Guernsey has stated that your society is an unworthy and dishonest organization, in which he retains his membership for reasons not creditable to the society or to himself; he has stated publicly and privately that the principles of your society are "based, not upon truth, but upon misrepresentation and falsehood;" he has made and published wrongful and malicious attacks upon Dr. T. F. Allen and upon other members of your society in good standing on numerous occasions; he has on various occasions made and published, or caused to be published, statements that all those who call themselves homœopathic physicians are dishonest and deceitful, thus unjustly reflecting upon all the members of your society, and upon many others.

The report was signed by Drs. J. A. Terry, St. Clair Smith, Louis De V. Wilder, Edwin West, and Alexander Berghaus. In view of these charges the committee recommended—

That the society deny that the society and its members, or the homœopathic profession generally, are deserving of the terms 'deceitful," "dishonest," "rogues," "men who barter their honor for gold," 'quackery," and the other phrases applied by Dr. Guernsey to this society and its members, and to the homœopathic profession, and that Drs. Guernsey and Rankin are censured for using such language toward members of a society and a profession, in which society and profession the accused insist upon retaining membership.

After the refusal of Dr. Guernsey to permit anyone but his legal adviser, who accompanied him, to read his defense, it was voted that his counsel could read it, but make no remarks upon the subject.

The defense was exceedingly long, the typewritten copy occupying two hours in the reading. Dr. Guernsey concluded by denying the power of the Society to discipline him, and denying that he had committed any offense against its code of ethics.

The counsel for the Society, when called upon for an opinion, said that there could be no question of the powers of the Society in the matter, and suggested that an apology would be accepted in lieu of further action on the part of the Society. This suggestion meeting with no response, on motion of Dr. J. M. Schley the report of the committee, with its recommendation to censure, was adopted by a vote which was almost unanimous.

On motion of Dr. B. G. Clark the following resolution was also adopted without opposition:

Whereas, Dr. Egbert Guernsey has used abusive terms for some six years past as to his colleagues, who are members of this society, and as to all other homœopathic practitioners and in recent interviews has admitted and renewed his vilification of his associates;

Resolved, That Dr. Guernsey should, in the opinion of his associates resign his membership in this society, and discontinue his affiliation with homœopaths and homœopathic institutions.

MISCELLANY.

The American Medical Association will hold its 41st annual meeting at Nashville, Tenn., May 20 to 23, 1890.

The legislative committee of the Washington State Homœopathic Medical Society has been instructed to refuse a membership of two in nine on the proposed State Board and demand a separate board. The Society has drafted an excellent law, which they will petition the Legislature to pass.

Diphtheria.—An Ohio physician who brought home for microscopic examination, a portion of the throat membrane of a diphtheria victim, permitted his children to look at it under a glass cover. Shortly after his entire family was stricken with diphtheria, and since, two of the children and himself have died. Five children are yet down with the disease and are in a critical condition.

A child thirteen years of age died of diptheria at Ravenswood, Illinois, on December 6th, 1889. On the 8th the corpse was taken to Zanesville, Ohio, accompanied by the parents and their four children. The coffin was opened and viewed by the family of the dead child on December 8th. On the 13th these four children and their mother were stricken with the disease, and four days later, three of the children of the family in which they visited, and one other child, contracted the disease. Nine cases from one center of infection — four of them resulting fatally. The cause of death of the child brought from Chicago is said to have been given as heart-failure and blood poisoning, and the casket was marked for transportation "non-contagious." —*Report Ill. State Board of Health.*

——— ——— ——— *

I.

Here is a man whose ill-disguised duality
Is used to help him on to immortality.
Yet why should we his trick condemn?
He's made men famous in his day,
And serves himself the self-same way.
His *Leaden Rule* let none contemn:

II.

(Let no one dare accuse him of base rascality;
Let none confuse it with disturbed mentality;
Else wise with envy we may brand 'em.)
Whatever you would have men do,
In making deathless fame for you,
That do for yourself. *Quod erat demonstrandum*
—*Contributed.* Argus, M.D.

* For particulars see *Homœopathic Recorder*, for January, 1890.

First physician: "Did old Coupon's case yield to your treatment?" *Second physician:* "It did. I treated it six months and it yielded something like $600.

Patient.—"I'm not afraid to die, doctor, but I do dread being buried alive."

Doctor.—"Don't let that worry you; I'll see to it that you're dead enough."

Christian Scientist — "Have you ever tried faith-cure for your rheumatism?"

Patient — "Yes, I'm trying it now. I've got in my pocket the left hind foot of a graveyard rabbit that was killed in the dark of the moon, and I do believe it's helping me."

Doctor—Well, my dear fellow, what's the matter?

Patient—I sent for you to examine me.

Doctor—Yes, but beforehand, let me ask whether you have any disturbance of the stomach, any headache, any pain.

Patient—That's for you to find out. If I tell you everything it's easy enough for you to play doctor."

Smith — "Henry, if anyone calls, tell them I'm sick and can't see them."

(Later, answering a ring) *Henry* — "De boss is sick 'n yo' can't see him. Dem's his ordahs."

Stranger — "But I'm the doctor and must see him."

Henry — "Got to mine him. He's too dangersome to took medicine, anyhow. You kin jis lebe some to took when he gits well. He's sick 'nuff now."

One of the most fashionable of Philadelphia physicians always kisses his hand when waving farewell to his wealthiest lady patients; but some of them were comparing notes the other day, and found that for visits when he kissed his hand he charged $10, while for others he charged only $5.

A test suit for damages has been started against the Plymouth Water Company, of Plymouth, Pa. In 1885 a typhoid fever epidemic occurred in the town, which destroyed hundreds of people. As the poison was disseminated by the water, the relatives of the dead think they should be compensated. The suit, which is a test one, is brought by a gentleman who lost two children.

"Sometimes philosophy has wrought
A blessing from a wrong.
"Don't think your trousers are too short—
Your legs may be too long."

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PERSONAL.

DR. J. W. PRIMM has taken the practice of Dr. W. H. Buck, at Woodstock, Ill.

DR. W. A. FARNSWORTH has moved to Petoskey, Mich., where he succeeds Dr. H. W. Booth, who goes to West Branch.

DR. E. H. PRATT has issued the announcement of his class for instruction in orificial surgery. It will be held at the Chicago Homœopathic Medical College during the last week in March. The class of last September was the largest to that time, and this one promises to exceed it in numbers.

A BRIGHT student, who is about to graduate, desires to act as assistant to an established physician. Is not afraid to work. Address, "C. C. W.," care of the ERA.

THE WIDOW of a deceased homœopathic physician offers his library of one hundred and fifty volumes and many magazines, etc., for $100.00 cash. Worth three times the amount. Further information address:—Dr. A. L. Monroe, cor. 3rd Av. and Chestnut St., Louisville, Ky.

THE midwinter *Century* is notable among other things for the final installment of the Lincoln biography. The chapters include the "Capture of Jefferson Davis," "The End of the Rebellion," and "Lincoln's Fame."

WE regret that we cannot publish all the letters received expressing opinions on the separate board question. At the latest writing they are still coming. Those already published form but a small part of the whole number. The profession has been heard from. They speak with one voice.

HITCHCOCK'S Visiting List and Ledger has many desirable features to recommend it. If one is to adopt the condensed method, this one will be found to be very convenient. It is published by E. K. Foster, Los Angeles, Cal.

Some Recent Additions to the Materia Medica.

Among the new drugs which Messrs. Parke, Davis & Co. announce they can supply are the following:

COCILLANA.—Guarea (species indetermined). Synonym—Sycocarpus Rusbyi, Britton. Part employed—the bark. Natural order—Anacardiaceæ. Habitat—Bolivia.

PROPERTIES.—Expectorant, tonic, laxative. This new remedy possesses a sphere of influence on the respiratory organs somewhat similar to Ipecac, but said to be "superior in certain diseases of the air passages in which the latter is often used."—*Dr. D. D. Stewart, in Medical News, August 24, 1889.*

Besides its excellence as an expectorant, clinical experience has also established the fact that it exerts a tonic influence upon the appetite, and that it reduces the night sweats of chronic bronchitis and phthisis. Cocillana also gives promise of usefulness as a laxative. Dose, 10 to 30 minims (0.6 to 2 C. C.).

ESCHSCHOLTZIA.—(Eschscholtzia California, Cham.) Synonym—California Poppy. Part employed, the whole plant. Natural order—Papaveraceæ. Habitat—California.

PROPERTIES.—"An excellent soporific and analgesic, and above all harmless." Recent analysis claims to have discovered the presence of a minute quantity of Morphine in the plant. The quantity contained, however, is not sufficient to account for all the therapeutic effects, and further chemical investigation promises to isolate another active principle which may better explain its action. The drug is a very useful anodyne in certain cases. The inconveniences attributed to the use of opium, such as stomach disturbance, constipation, etc., have not in any case been observed in its use. It may with advantage replace opium preparations for children. Fluid extract of the plant. Dose, 15 to 30 minims (1 to 2 C. C.).

A RARE CHANCE to the right man. The right man can step into a paying practice of $3,000 a year in a town of 1,000 inhabitants in Central Ohio. Country as good as is in the state with excellent pikes in every direction. The party must buy residence and office furniture and medicines. Will sell residence for $2,500, office fixtures will amount to about $250. Reason for selling is failing health. Address,

MEDICAL ERA.

THEY SAY

That Chicago has got it.

That "it" is the World's Fair.

That all roads lead to Chicago.

That the A. I. H. should meet here in '93.

That you should never say die—say *expire*.

That our total deaths last year numbered 16,917.

That a woman has some organs outside the pelvis.

That the living skeleton is in reduced circumstances.

That there were 11,800 marriages in Chicago last year.

That the door to success is always marked "Push."

That the ship heaves too when the passengers are seasick.

That many a boy keeps shady for fear of getting tanned.

That when a man is under a cloud it's hard to see the silver lining.

That you should never wear striped pants if you have crooked legs.

That the man who loses the game is never accused of having cheated.

That in this city there were more than twenty thousand births last year.

That if we could neither laugh nor cry, what would be the use of living?

That some people are quick enough to lend a hand, but it's generally empty.

That the world won't ask by what road you came, if you only "get there."

That no woman ever found out she was pretty because other women told her so.

That if we were all as good as we advise others to be, what a nice time we'd have.

That if you try to hire a man to be honest he will want his wages raised every morning.

That a man goes to a lawyer with all his troubles, while a woman goes to a doctor with hers.

That it requires as much good judgment to know when to talk as to know what to say.

That when a person goes to the chiropodist there is generally something very serious on foot.

That doctors and lawyers may have pretty good staying qualities, but the undertaker can lay them all out.

That it requires great concentration of effort to wear an eighteen inch corset on a twenty-six inch waist.

That a woman's hand may be white and delicate, but she can always beat a man in picking up a hot plate.

That the world is full of people who knew something was going to happen—after it has happened.

That people don't care what your father was but they are mighty particular about your mother.

That there is a deaf and dumb man in Chicago who is seven feet tall; what might be called a long silence.

That times are changing to such an extent that in a few years parents will be sent to bed for talking back.

That while you are waiting for dead men's shoes you may have to go bare-foot for a great many years.

That the most reliable prophet in the world is an old hen—she doesn't prophesy until after it has happened.

That it is easier to miss a train than it is to train a miss to——well, we forget what we were going to say.

That every man believes that if the woman who is a man-hater only knew him, she would be a man-hater no longer.

That the man who is at work doesn't care for the rest of the world, and the man who is at rest doesn't care for the work of the world.

That habit is so strong that some men pick their teeth carefully even when they have had nothing but soup and a glass of water for dinner.

That a professor in San Francisco who is delivering a course of scientific lectures, says that even the oyster is capable of being educated in a limited way; there is still some hope left for dudes.

That the doctor who makes a post-mortem and finds out what was the matter with his patient, has the advantage of the doctor who has to guess at the nature of the disease while his patient is living.

That about 12,000 died within a period of seven weeks from causes due directly or indirectly to the influenza, a greater fatality than has ever occurred in this country from any epidemic in the same length of time.

THE MEDICAL ERA

COMBINED WITH THE MEDICAL COUNSELOR. DEVOTED TO HOMŒOPATHY AND THE ALLIED SCIENCES

VOL. VIII. CHICAGO, APRIL, 1890. No. 4.

EDITORS:
CH. GATCHELL, M.D.,
D. A. McLACHLAN, M.D.

This Association shall be styled the AMERICAN INSTITUTE OF HOMŒOPATHY, and *its object the improvement of homœopathic therapeutics and all other departments of medical science. — Constitution, Article I.*

THE NATIONAL ASSOCIATION.

Attention is called to the announcement made on page 121 by the President and the Secretary of the American Institute of Homœopathy, which will meet in Waukesha, Wis., June 16, 1890.

THE GRATIOT COUNTY PENSION BOARD.

Gratiot County is in Michigan. We were surprised when we learned that it was not in Mexico.

The cause for our astonishment may be found in a clipping from the *Gratiot County Herald*, which we here reproduce:

At a meeting of the Gratiot County Medical Society yesterday the following resolution, after general discussion, was unanimously adopted:

Resolved, That the appointment of a Homœopathic Medical Pension Board for Gratiot County is unreasonable, unwise and an affront to other practitioners of this county.

Unreasonable, Because no homœopath was ever an army surgeon, nor is ever admitted upon an army or marine hospital service.

Unwise, Because homœopaths are not taught diagnosis, which is the chief requirement of this board; for this reason they are not recognized by our best life insurance companies.

An Affront to graduates of other schools, because only one of their number (thirty) is on the board, while the homœopaths have only three graduates in this county, and two of them are on the board.

The assurance of the Gratiot County Medical Society is only equaled by its very high opinion of homœopaths and homœopathy.

The cause of all this "resolving" is the fact that two homœopathic physicians have been appointed to the board of pension examiners for the County of Gratiot, when there are thirty old-school physicians in the county.

We take the liberty of reminding the Gratiot County Society that it takes a very one-sided view of this matter. Instead of being an evidence of favoritism for these two homœopathic physicians to be appointed to the board when there are only three homœopaths to thirty allopaths in the county, it should be looked upon as the highest kind of compliment and as a mark of distinction. It does not happen every day, and when it does occur there must be some good reason for it. Nor is the reason far to seek. These allopaths have themselves very promptly supplied it. Their resolutions demonstrate them to be illiberal and narrow-minded, ignorant of the methods of education which prevail in homœopathic colleges, and unskilled in the use of the English language. If those who are responsible for the appointments were before unable to defend their action, they will have little trouble in doing so now.

One of the most glaring pieces of injustice that this country knows is the exclusion of homœopathic physicians from army and navy appointments, a condition which prevails because of power and influence exerted by the dominant school. Thus, to be excluded from position by the allopaths, and then to be taunted by them because we do not occupy such positions, is a species of irony which has its laughable side. The Gratiot County Society is not the first body to have indulged in this pleasant pastime.

For the consideration of the Gratiot County Society we present the following:

RESOLVED: That the resolutions of the Gratiot County Medical Society are unreasonable, unwise, and an affront to homœopathic physicians everywhere;

Unreasonable, Because it is through the influence of these men and their colleagues that homœopaths are excluded from army and navy appointments;

Unwise, Because it is a display of ignorance on their own part to claim that homœopaths are not skilled in methods of diagnosis;

An Affront to homœopathic physicians everywhere, Because it is an affectation of superiority for which there is no justification in fact.

MARK TWAIN ON REFORM IN MEDICINE.

When you reflect that your father had to take such medicines as the above, and that you would be taking them to-day yourself but for the introduction of homœopathy, which forced the old-school doctor to stir around and learn something of a rational nature about his business, you may honestly feel grateful that homœopathy survived the attempts of the allopathists to destroy it, even though you may never employ any physician but an allopathist while you live.—*Mark Twain in February Harper's.*

This very wise observation, made by America's prince of humorists, is not intended as a joke. MR. CLEMENS is in dead earnest. He has just been reading from an old book, a "Dictionary of Medicine," which details the methods of attacking disease which were pursued by the progenitors of the present generation of allopathic physicians.

Some of the extracts from the old tome—which was printed one hundred and fifty years ago—are sufficiently interesting to deserve reproduction. The "Observations on Headachs" furnishes the following example:

A certain Merchant, about forty Years of Age, of a Melancholic Habit, and deeply involved in the Cares of the World, was during the Dog days, seized with a violent pain of his Head, which some time after oblig'd him to keep his Bed.

I, being call'd, ordered venesection in the Arms, the Application of Leeches to the Vessels of his Nostrils, Forehead and Temples, as also to those behind his ears; I likewise prescribed the application of Cupping-glasses, with scarification to his Back: But, notwithstanding these Precautions, he dy'd.

In commenting on these gentle measures, MR. CLEMENS says: "'Notwithstanding these pre-"cautions'—he dy'd. No art of speech could "more quaintly convey this butcher's innocent "surprise. Now that we know what the cele-"brated Bonetus did when he wanted to relieve "a headache, it is no trouble to infer that if he "wanted to comfort a man that had the stom-"ach-ache he disembowelled him."

Thus is the fact, so familiar to our school, presented again by a layman—the modifying effect that homœopathy has exerted upon the harsh measures of old physic. But it would be easy to add that the reform is not yet completed. It would be easy to show that, even to-day, there is room for vast improvement, and that our work is not yet done.

It is interesting to read MR. CLEMENS' account of the methods that prevailed no longer ago than when he was a boy. He says:

"Galen could have come into my sick-room "at any time during my first seven years and "he could have stood my doctor's watch without "asking a question. He would have smelt "around among the wilderness of cups and "bottles and phials on the table and the shelves, "and missed not a stench that used to glad "him two thousand years before. He would "have examined me, and run across only one "disappointment—I was already salivated; I "would have him there for I was always sali-"vated, calomel was so cheap. He would get "out his lancet then; but I would have him "again; our family doctor didn't allow blood to "accumulate in the system. However, he could "take dipper and ladle, and freight me up with "old familiar doses that had come down from "Adam to his time and mine; and he could go "out with a wheelbarrow and gather weeds and "offal, and build some more, while those others "were getting in their work. And if our rev-"erend doctor came and found him there, he "would be dumb with awe, and would get down "and worship him."

WHEN the editor of the *New-England Medical Gazette* makes a statement, he means it, and he knows what he is talking about. When called upon to retract, he reiterates. The editor who assumes a position which he cannot afterwards maintain has mistaken his calling, and Dr. Sutherland is not of that class.

ORIGINAL ARTICLES

BAPTISIA—ITS PLACE IN TYPHOID FEVER.

By LAMSON ALLEN, M.D.

SOUTHBRIDGE, MASS.

[Read before Worcester County Homœopathic Medical Society, February 12, 1890.]

ONE of the fundamental principles of homœopathy is that no remedy is a specific for the *name* of a disease. How strange that we should so often forget it! No one can become a scientific and successful physician until he realizes this fact. A remedy is the specific for the given condition of the patient when it shows in its pathogenesis a similarity to said condition in time of aggravation and time of amelioration, and the characteristic symptoms, together with characteristic pathological lesions if we are so fortunate as to have the proving of a remedy carried so far as to produce its characteristic pathological lesions. Therefore I state the proposition to start with that Baptisia is not *the* specific for typhoid fever.

In the early uses of the drug, such a noted writer and careful observer as Dr. Richard Hughes believed Baptisia to be specific in typhoid fever. But later experience led him to a different conclusion.

At the annual meeting of the Massachusetts Homœopathic Medical Society, April, 1889, the committee on clinical medicine, Dr. H. E. Spalding, chairman, had for consideration the subject of "Typhoid Statistics." The New England *Medical Gazette* Oct., 1889, gives Dr. Spalding's paper on the subject. He mailed a circular to 250 physicians of the state, out of which number only 33 replied. In this circular occurred the following: "Have you found Baptisia a valuable drug in this disease? Under what special conditions?"

Concerning this once popular and highly praised remedy, various opinions are given. The majority, however, speak more or less favorably of it. For details I would refer you to the above report. Among the different expressions of personal experience with the drug are the following:

"When the case presents *very few* significant mptoms: fever; tired feeling; headache."

"In all typhoid conditions, it calls out the phoid-resisting powers of the system."

"Early in the case, mouth sore, with very bad or; delirium, with dreams of duality."

What is true as regards the action and uses of other homœopathic drugs is true of Baptisia, viz.: that only in so far as we thoroughly understand and know its pathogenesis, in so far can we use it reliably and safely in curing diseased conditions. Dr. Geo. Winterburn* says: "I do not mean to say that Baptisia is the remedy for typhoid, or that in the treatment of disease it takes any place but its own; nor do I wish to be understood as recommending it as a specific in typhoid. It cannot cure cases wherein other remedies are indicated, as, for instance, Rhus, or Arsenicum or Muriatic acid, and cannot be said to be a remedy for typhoid except in cases where the symptoms call for its administration."

Let us recall a few of the pathogenetic symptoms of the drug. In the publications of the Massachusetts Homœopathic Medical Society, Vol. III, is the account of a slight proving by Dr. C. Wesselhœft, done in May, 1869. There he records his development under unfavorable conditions of the following characteristic symptoms of the drug: "Aching pain of occiput, extending from ear and from nape of neck to vertex; great sleepiness and exhaustion; loss of memory." Other provers have developed the "feeling as if the pieces of the body were scattered about and cannot get them together," but wants to and tries to. "Great prostration; heat and burning in the lower extremities, so intense as to prevent sleep; chill all day with fever at night; rheumatic pains and soreness all over the body; mouth and tongue very dry; feverishness; general chilliness, with feeling all over as if bruised; feels weak and tremulous as if recovering from a fit of sickness."

When such a picture as the foregoing presents itself in any case of typhoid fever, whether at the beginning or later in the progress of the disease, Baptisia is the curative remedy for that disease in that patient, and it will do wonderful work.

Apropos of the rehearsal of the pathogenetic symptoms of Baptisia, permit me to digress from the immediate subject. How closely these symptoms resemble some of the cases which have presented themselves in the present epidemic of *la grippe*. Recently I was called in the night-time to a gentleman in middle life who was just coming down with the influenza. He ached all over so severely that, as he said, if he were a boy he would scream because of the pain and distress. He was drowsy, but could not sleep because of the pain; his limbs felt as if they were dropping in pieces, and he must gather the pieces up and put them together.

*Vid. *American Homœopathist*, Oct., 1885, p. 281.

His back felt as if it were broken in two, and as if it were actually separated. He had high fever and great prostration. I gave ten drops of Baptisia 1x, in a glass of water, and directed him to take one teaspoonful every half-hour until better. Before the first half-hour had passed he felt a great deal better, and the next morning his fever was gone, but he was very weak. Another case was that of a young lady who had come down with the *grippe*, had high fever and great prostration, and all the joints of her body felt as if twisted apart, and as if she must hold the parts together. Baptisia cured her in less than twenty-four hours.

In further elucidation of the subject of Baptisia in typhoid, allow me to quote at length from an article by our dear old friend, "S. L." in the *North American Journal of Homœopathy*, February, 1884. He says: "C. Hg. [Clinical Guide, II., 304], gives us the following characteristic picture of Baptisia and of typhoid: "Unconsciousness; stupor; falls asleep while being spoken to or answered; heavy sleep until aroused; awakes only to again fall asleep in the midst of his answer, which he vainly endeavors to finish; confusion of ideas, as if drunk; feels scattered about, and tosses about to get the pieces together; mentally restless, but too lifeless to move; dull, stupefying headache, with fullness; dull, heavy feeling in the head, with general languor; eyes dull, weight over the eye; dull hearing; delirium with almost complete deafness; epistaxis and oozing of dark blood from the nose for two or three days; face flushed, dusky, with a besotted expression; cracked, bleeding lips; jaw dropped; sordes on teeth and lips; tongue ulcerated; dry, parched, thickly coated tongue; cracked, sore, ulcerated tongue; fetid breath; aphthœ; ulcerations extending from the mouth through alimentary canal, with watery discharges from the bowels; tonsils and soft palate very red, but not painful; unable to swallow, or, can swallow liquids only; the least solid food gags; paralysis of organs of deglutition; averse to nourishment and stimulants, but a good deal of thirst; pain in abdomen with diarrhœa; right iliac region sensitive; abdominal tenderness with flatulence; involuntary diarrhœa; stools dark, thin, fecal, offensive; urine very high colored and scanty, alkaline and fetid; pulse variable, weak, thready, 100–125; great restlessness, trembling and prostration; faintness on rising; slides down in bed; feels as if sinking away; lay in a semi-conscious condition, when she appeared dying; cannot sleep, wants to get out of bed; restless, with frightful dreams; putrescence.

"Early stages: Shivering, preceded by a sense of weakness; chill, followed by fever, with severe aching in muscular portion of body; fever set in with headache; whole surface hot and dry, with occasional chills, mostly up and down the back; white tongue, red edges, or brown, or yellow-brown down the center; bitter or flat taste, cannot digest food; stools frequent, yellow; gurgling and slight restiveness of right iliac region; pulse high; fever tends to increase; parts rested on are sore.

"Fully developed stage: Whole surface hot and dry, with occasional chills, mostly up and down the back; burning pungent heat over the whole body, especially in the face; delirium, drowsiness, stupor; indifferent, low delirium, gives a slow answer, or falls asleep attempting a reply; erethism; tries to escape from bed; sensation of a second self outside of the patient; sleeplessness; sordes on the teeth; involuntary, scanty stool; epistaxis hemorrhage from bowels; difficult breathing; afternoon rise of temperature; prostration, with fetid discharges and exhalations. Recovery by critical sweat, which relieves.

"Hale [Therapeutics, p. 69] is right when he says that Baptisia has not a wide range of action. It seems to effect principally the blood, impairing its integrity; the nervous system which it deprives of its tonicity, and the mucous surface, which, under its influence, ulcerates and takes on inflammatory actions, with a decided tendency to unhealthy, fetid discharge.

"If Hale is right, and we do not doubt it, we fail to see the applicability of Baptisia in the initiatory stages of typhoid fever, and we can understand why it failed so often in the hands of our French colleagues, as we see in the monthly reports of the Hospital St. Jaques; and in later stages, when the blood is thoroughly saturated with the microbe-poison, we have better remedies for the elimination in Rhus, Arsenicum, and the mineral acids. Still, there must be a place for Baptisia which no other drug can fill, and we find this in the mental symptoms; thinks he is double, or that some other person is in bed with him; or that his extremities belong to somebody else; or that it is somebody else who is sick; all variations of symptoms, as, her head feels as if scattered about, and she tosses about the bed to get the pieces together. Excessive prostration, nearly akin to paresis, is combined with this erethism; 'may it not be'—and here the good doctor strikes the foundation—'that the sympatheticus fails in its function, though the hemispheres are still partly conscious, hence the fetor of all secretions, and the necrotic tendency in all mucous membranes.'"

My own experience with Baptisia in typhoid has been *nil*, for the reason, I suppose, that it never has been pathologically indicated. I have used it in several cases where typhoid fever has been diagnosed both by other physicians, previous to my taking the case, and by myself, but never do I remember to have seen the characteristic symptoms of the drug in the cases; hence my failure. Whenever I shall be fortunate enough to see such cases, or shall indicate the remedy, I have not the slightest doubt of its usefulness and success.

Nor am I alone in the unfavorable results of Baptisia in typhoid. Dr. B. G. Clark,* New York, says: "I wish to record my gratitude to Dr. Hughes for the grand truths his writings first unfolded to me, and although my early obedience to his teachings, I believe, led me to prescribe Baptisia when it was not the true similimum, the fear that others may do likewise makes me feel it my duty to offer my feeble protest against this great teacher's advice on this subject. With that confidence borne only in theory, I welcomed my first case of typhoid fever with feelings of no little assurance that I would soon abort it with Baptisia. I gave the 3x potency, and I had a case of nearly six weeks' duration to attend. I thought I had given it too high, so my next case received three-drop doses of the tincture every three hours.

"The second week showed as typical a case of typhoid as one often sees. My next case received the 1x; still the case went on regardless of Baptisia. About this time I met one of the old-school physicians, a neighbor of mine, and I asked him how one of his typhoid cases was getting along. He said, 'Pretty well, but the girl's brother is coming down also, but I expect to break it up.' Now, that interested me immensely, and I said, 'You do? What are you giving him?' 'Baptisia; fifteen-drop doses of the tincture four times a day—it's a new remedy.' 'Is that so?' said I, 'try it faithfully and we will compare notes. I have used it some.' About three weeks or more after the above conversation, he said to me: 'That case turned out the worst one I ever had.'

"By this time I came to the conclusion that the cases collected and reported by Dr. Hughes were, to say the least, of a different type from those we had in Vermont. I betook myself to Shr's 'Forty Years' Practice,' Rane's 'Pathology" and my materia medica for the true similimum, in my next cases, and had much less trouble with them and a much more rapid convalescence. It seems to me that Baptisia is more often indicated in the later stages, when we have the dry, brown streak in the center of the tongue; the patient answers disconnectedly; he cannot get his thoughts together, and he even feels scattered about himself; is very drowsy, with fetid excoriating diarrhœa. With these indications Baptisia has done for me good service."

In further confirmation of what I have said, permit me to quote again from Dr. E. M. Hale.* He says: "Much has been claimed for Baptisia, and I am one of the few who claim that in the incipient stage, *i. e.*, the stage of primary gastro-intestinal irritation, Baptisia, *if indicated*, has the power of abating the fever. I have used it for nearly twenty years, and I believe I have frequently seen such favorable effects from its use." Hempel & Arndt [Vol. I, p. 548] say: "Baptisia appears to be indicated in that variety of typhoid which is marked by bilious, gastric or intestinal symptons, due to peculiar climatic influences, and not to any specific miasm or germ. The fever of Bryonia and Rhus are due to some rheumatic or catarrhal influence in the atmosphere; Baptisia to those due to hepatic and catarrhal influences. I would caution you against blind enthusiasm. I do not doubt that Baptisia has often cut short attacks of typhoid, but it could do so only *because it was homœopathic to that particular and individual case.* I care little what the stage of the disease may be, Baptisia will act curatively if the symptoms indicate it, and under no other conditions. If Baptisia shortens the course of typhoid fever, it can do so only when the drug-force is homœopathic to the marbific which produces the disease and its symptoms. . . . . Let us banish the hope of curing upon *general principles*, and realize at once that our success as physicians depends upon our power to individualize." [Hempel & Arndt's Materia Medica and Therapeutics—Article on Baptisia.]

Other physicians have had very decided results in the use of Baptisia in typhoid fever. I will not quote further, but refer you to a very interesting article by Dr. Geo. Winterburn in the *American Homœopathist* for October, 1885, on the subject, "Does Baptisia Abort Typhoid?"

It is to be regretted that in all the provings of Baptisia the connecting link between its pathogenesis and its clinical verification has never been welded. I refer to the use of the thermometer. If in the provings we could find that it produces the graduated rise and fall by accession and remission, the similarity in typhoid would be complete, and the usefulness of

Vid. *N. A. Jour. Hom.*, April, 1887; paper read before Hom. Med. Co. N. Y., Feb. 10, 1887.

*"Encalyptus in Typhoid Fever." *Am. Hom.*, March, 1887, p. 84.

the drug be rendered more exact and scientific. Will some one accomplish this desired result?

I have thus lengthily quoted concerning the drug to show the failures and their causes, the successes and their causes, and the complete picture of the drug so far as we know it, that you and I in the future may be better able to use it successfully. If I have aided anyone in this respect, as I know I have myself, I will feel that we are well repaid for spending together these moments of study and recital.

The pith of the subject is contained in the above quotation from Hempel & Arndt. "Let us banish the hope of curing on *general principles*, and realize at once that our success as physicians depends upon our power to individualize."

ANTIPYRIN AND SALICYLIC ACID IN THE URINE.

By CLIFFORD MITCHELL, M.D.
CHICAGO.

THE urine of patients who "in these troublesome times" are taking Antipyrin or the Salicylates, or both, will give reactions with the various tests which may prove troublesome to the inexperienced in case nothing is known as to what the patient is taking.

A recent specimen gave the following reactions:

1. Heller's test for albumin (cold nitric acid), very faint zone. (The urine contained a small quantity of albumin.)

2. On heating the highly acid urine a faint turbidity was noticed, but on further addition of *one drop only* of acetic acid *a very marked turbidity at once* was seen.

3. With Nylander's reagent for sugar, *a black precipitate at once.*

4. Urine, 10 c.c., Fehling's solution, 1 c.c., shaken together in the cold, a turbid yellowish brown; on boiling there falls a dirty-white flocculent precipitate with yellowish-red supernatant fluid.

5. Fehling's solution 5 c.c., urine 1 c.c., boiled, result: yellowish-red *coloration* with flocculent precipitate of phosphates.

6. Equal parts urine and liquor potassæ and upper column of urine boiled, result: yellowish-red color, not deepening on exposure to the air.

7. One drop of aqueous solution of ferric chloride added to 5 c.c. of urine gave a violet color, with reddish tint when held up to the light.

It was ascertained that the patient had been taking both Antipyrin and Sodium salicylate. It would appear, therefore, that when the ordinary tests for sugar, and *notably Nylander's test*, are tried when the patient has been taking Antipyrin and the Salicylates, that error may be made.

Fehling's test and Moore's (caustic potash, yield results, however, which are quite different from those found when the urine contains sugar) and the experienced person will not be deceived.

The urine of those who have taken Antipyrin will strike a wine-red color with ferric chloride, suggesting the presence of di-acetic acid, as in diabetic coma. When, however, the patient has taken the Salicylates there appears with ferric chloride a violet color. In the specimen above, the violet color was tinged with red, as if there were a mixture of the Salicylic acid and Antipyrin colorations with ferric chloride.

It will be noticed that in test 4 (Jolly's) the urine seems to respond to what Jolly claims is indication of the presence of *peptone*, but with this difference: The mixture does not after agitation in the cold, show a *blue* and turbid appearance, but a yellowish-brown and turbid appearance. After boiling, the supernatant liquid is yellowish-brown rather than amber.

From test 2 it would appear that the urine contained albumin in tolerable amount, since the boiling urine, after the addition of a drop of acetic acid, gave a marked turbidity indicating much more than a trace. But Heller's test revealed nothing but a very faint trace.

It is advisable always to try several tests for albumin before deciding as to the merits of the case.

It would appear, therefore, from the examination of the specimen mentioned, that there is possible danger of mistaking urine containing the products of Antipyrin, Salicylic acid, etc., etc., for that containing albumin, peptone, or sugar. Before deciding, try the ferric chloride test, and if a Bordeaux-red color, or a violet color, or a mixture of the two is found, inquire as to what drugs the patient has been taking. The physician may by this test become aware that the patient is "helping himself" to drugs without, or contrary to, the advice of his medical attendant.

Seventy State Street.

MALINGERING.

By W. A. KALER, M.D.
CHICAGO.

MALINGERING, or feigning disease or injury, is a favorite method with hysterical women for attracting notice and gaining sympathy, of men, in times of war, for avoiding service in the army or navy, with beggars who live by charity, and with prisoners in penal institutions who wish thereby to avoid their tasks, or to play upon the sympathies of kind hearted

executives to whom the pardoning power is entrusted; but the practice of malingering is by no means limited to these; in many instances no such motive is apparent, the moral nature of the individual being so imperfectly developed that to deceive gives pleasure.

Malingering is practiced by persons of all periods of life, from childhood to old age; and of all classes of society. The cases most frequently met with by the private practitioner are the hysterical. The patient probably has some real ailment, although it may be slight, and not receiving the sympathy she craves she willfully simulates, or tries to simulate, some graver form of disease. The physician is frequently confronted, also, by impostors desirous of obtaining pensions, and it is not always an easy matter to distinguish between the impostor and the truthful and deserving man.

Pension examiners and medical officers of penal and charitable institutions are so constantly besieged by malingerers that they come to regard every application for charity with a wholesome suspicion which leads to careful scrutiny. Upon the degree of the malingerer's natural cunning and of his experience and knowledge of disease depend his success in deceiving. He may be such an adept that only by the careful and constant watching of a skillful and not too credulous physician can his deception be discovered, but it is almost impossible for him to continue his deception for a great length of time without in some way arousing the suspicions of watchful attendants, even though he may be very familiar with the symptons of the disease he simulates.

Almost every variety of disease and many varieties of injury have been simulated, as shown by the recorded cases, and the writer has had personal knowledge of cases of simulated small-pox, paralysis, spinal meningitis, rheumatism, neuralgia, diarrhœa, dysentery, epilepsy, imbecility, insanity, hæmoptysis, eczema, photophobia, myopia, partial blindness, deafness, otorrhœa, retention of urine and various affections of the female sexual system, besides artificially produced conjunctivitis and kenatitis, and wounds and injuries of various kinds.

The skill, persistence, patience and fortitude displayed by many malingerers is certainly worthy of a better cause, and the means resorted to are often as novel as they are various. The ordinary malingerer may resort to falsehood, mimicry and low cunning, but the shrewd, calculating criminal, whose motive is to save his life or to avoid a long term of imprisonment, wil display remarkable ingenuity and use every available means to make the simile perfect, and will endure an almost incredible amount of suffering and inconvenience.

The detection of the malingerer at the first examination is not often accomplished, although the physician's suspicions may be aroused. Patients are supposed to be, and most of them are, truthful in relating their symptoms, and the physician has no right to regard them with suspicion without sufficient reason. He should examine each case carefully, and form no opinion until he has collected all the evidence, subjective and objective. But if he has any reason to suspect that the patient is feigning, he should reserve his diagnosis until he has had further opportunity for observation, unless by physical examination he can at once positively confirm or dispel his suspicions. About nine out of every ten malingerers will, sooner or later, expose their own impostures if carefully watched, for it is impossible for them always to maintain their vigilance. An unexpected visit to the room of a supposed paralytic may find him walking about; or secretly watching a supposed imbecile or insane man may discover him at acts which will at least arouse suspicion.

The manner in which a patient relates his symptoms may be suggestive of fraud, and in that case careful cross-questioning may discover it. When deception is suspected the physician should seek to discover if there be any motive for deceiving, such as the desire for a change of environments, or to avoid punishment or labor of any kind, which, taken with the evidences of fraud, is a strong circumstance.

Anæsthetics are very useful agents for developing evidence upon which to base a diagnosis where fraud is suspected, for the most cunning malingerer will forget his cunning during the excitement of partial anæsthesia, and under its benign influence the supposed paralytic has been made to walk, the blind to see, the deaf to hear and the dumb to talk. Electricity is often as useful in detecting fraud as in treating disease.

It is well to remember that during the paroxysm of true epilepsy there is complete anæsthesia of the Schneiderian membrane, and that if snuff blown into the nostril causes the patient to sneeze it is very certain that, whatever else he may have, he has not an epileptic fit. In cases of supposed hemorrhage, where fraud is suspected, the fluid should be examined to discover whether it be blood, and if so, search should be made for other sources from which it might have been attained. Various skin affections have been simulated by the local use of caustics, escharotics and such irritants as Sul-

phur, mercurial ointment, Tartar emetic, kerosene and turpentine; croton oil has been used to simulate the eruption of small-pox.

The resources of the physician should be varied and extensive, and a thorough knowledge of the medical sciences is essential, for he must often measure wits with the malingerer; and he must be cautious, too, for he will frequently be compelled by circumstances to reserve his diagnosis until he can demonstrate the correctness of it.

A case in point came under the observation of the writer while resident physician at the Illinois State Penitentiary. Three reputable "regular" physicians had testified in a court of justice that the prisoner had "acute spinal meningitis," and he was commended to the mercy of the court. He received a short sentence and was the next day conveyed to the penitentiary hospital on a litter, none of his symptoms having abated. Upon careful examination the opinion was reached that his disease was spurious, but before asserting such an opinion it was deemed advisable to demonstrate its truth. Accordingly, he was treated with the consideration due to a really sick man, an assistant was instructed to "heat the irons hot," and the patient was given to understand that his case demanded vigorous and heroic treatment. It was not the intention to pursue such a course, the proposition was made only for its moral effect, and it was efficacious. The patient was suddenly and permanently "cured" and was at once put at hard manual labor.

It is frequently a difficult matter for the physician to determine what course to pursue after he has made a diagnosis of malingering,. If the patient be a female and wealthy and influential, he had better ask for counsel, or send her to an older physician, if his own reputation and standing in the community be not able to withstand her anger, for if he discloses her fraud she will be forever after his inveterate enemy. If the patient be a man it is, as a rule, better to inform him plainly but confidentially of your discovery, and that you will not be a party to the fraud, and advise him to discontinue it. He may become angry at first, but he cannot afford to make an enemy of a physician who holds so important a secret, and he will usually follow the advice. The writer has frequently pursued this course with perfect success. When the patient is seeking only to attract sympathy and attention, it may sometimes be proper to withhold exposure, but it is always proper to expose a fraud that is liable to affect a second party.

Lake Avenue and Fifty-Seventh.

NERVOUS ACCIDENTS CAUSED BY LIGHTNING.

By PROF. CHARCOT, PARIS,

[Translated for the Medical Era by S Lilienthal, M.D., from *Bulletin Medical.*]

THE accident from which our patient suffers happened about twenty days ago, and all the symptoms are still present. Paralysis always plays a considerable part in the troubles caused by lightning. Often the patient dies immediately, or a few days later, from the stroke, and where he survives the symptoms are often benign and of short duration. We might ask whether paralysis from lightning differs from other paralysis due to other causes; is it a traumatic paralysis?

Our patient is 45 years old, chief clerk in a stationery shop, and entered the Salpetrière about six days ago. After leaving school years ago, he entered the marine service, took part in the expedition to Mexico, and after his time was over re-engaged for another term. During the Franco-German war he served in the army of the Loire and was present at many of the battles, where the shells flew thick and heavy, and was wounded several times by splinters, all of which proves he was neither delicate, pusillanimous, nor afraid of a storm. After the war he engaged as officer on trans-Atlantic steamers and crossed the ocean many times. Two years ago he quitted his maritime service and engaged in his present employment. So far he had never been sick, nor ever given to excesses; never alcoholic nor syphilitic; never knew of any nervous trouble. His labors now were long and exhausting, so that his former strength declined; he often complained of a sensation of weight in his head and could hardly go up stairs, his legs felt so weak; digestion failed and after a meal he could hardly keep awake. His employer ordered him a vacation, during which, on the 7th of May, he took a walk in the surroundings of Paris, though the weather was rather stormy, and as it began to thunder he hastened on to escape the coming rain. A heavy thunderclap frightened him, fearing that the lightning might strike him, and a few minutes afterwards another one exploded right over his head; at the same moment he saw, two or three meters from him, to the left, a ball of fire whirling around as if it were a barrel, and sending out three blasts of grey, suffocating smoke towards him. He does not recall whether the globe of fire came before or after the thunderclap, nor did he see any lightning, but he knows that at the moment he saw the ball of fire he felt simultaneously

on his left leg from the hip down, in the left side of his body up to the head, a shock as if he had been struck by a board; the parts attacked felt compressed and heavy. A few days ago we gave him some electric shocks, and they felt just the same, but in a very light degree. This commotion was soon accompanied by a feeling of impulsion, obliging him to turn round to the left side, as if he was drawn towards the meteor, then he lost consciousness for about a dozen minutes. When he came to he was lying on his back, his head near the ditch. He had to try several times before he could rise, but he felt bewildered and did not know where he was; he had passed urine in his trousers and his clothing was full of mud. Then he recollected the thunder, he felt himself whether anything was broken or burnt, and the tears rolled down his cheeks from emotion. Rising up to walk his left leg felt numb and weak, even swollen; he did not know exactly the position of his limb, for it felt as if asleep, and a similar but lighter sensation was in his left arm. In walking he dragged the leg along and walked about a kilometer without knowing what direction he took, surrounded by the smell of sulphur and an acrid smoke which nearly choked him. Coming to a tavern he accidentally met a friend with a carriage. They were astonished at his sight, they offered him something to drink; he could not drink, he only sobbed out "I am lost," and cried bitterly. His friend brought him home; he trembled and cried constantly, complained that his throat was closed up and his temples beating; during the whole night he dreamed of thunderstorms. He acknowledges that all his recollections during and after the accident are very vague and indistinct. One objection may be raised, that the patient heard the thunderclap and then saw the globe of fire. It is generally admitted that lightning never attacks him who sees the lightning and hears the clap, but this old axiom does not suit all cases, it is only applicable to lighting by zig-zag. It is true that most subjects struck by common lightning, if not killed immediately, heard and saw nothing and do not know what passed, but this rule has its exceptions. A person struck down by a flash of lightning, might have seen the flash and heard the clap, and may lose or not his consciousness; he may be totally or only partially struck and then he would not lose consciousness, but all this relates only to the lightning flashes by zig-zag, while the symptoms differ in lightning from globes. Such meteors have a slower evolution and one may see them before being struck and hear the noise and the electric discharge which produced them, spreading a sulphurous or garlickey (ozone) odor, or such a thick and voluminous vapor, threatening suffocation. There are not always or necessarily marks of burning left; our patient was three meters distant from the fiery globe, and the cases from shock at a distance are no rarity. The loss of consciousness which followed might have been produced by the physical shock, plus the emotion he passed through.

The paralysis from lightning demonstrates itself by anæsthesia, which may be produced by motor paralysis and by diminution of the electrical excitability of the muscles; they are not lasting, and as they show no organic lesion, disappear generally in a short time. They set in suddenly and attain immediately their maximum intensity. It may take on the form of hemiplegia, of paraplegia, or of a monoplegia; there may be associated with it contractions of the face, e. g., blepharospasmus. It never gets worse than it was at the beginning, but it may remain stationary for some time and hardly ever lasts more than three months. In the case of this patient we witnessed other symptoms since he entered the hospital. Next to the paresis and anæsthesia of the left side he also shows a perfect abolition of taste and smell on that side, a concentric diminution of the visual field at 30° for the left eye and 70° for the right eye; also anæsthesia of the pharynx and sperm of the left upper lip, and very pronounced stammering, which appeared after a visit from his employer, who congratulated him on his good luck, as so many are killed by lightning. At that moment he felt a globe rising in his throat, throbbing in his temples and faintishness, began to cry, and from that moment stuttered—nervous (hysterical) symptoms, often observed in the "railway-brain," after accidents. In both we meet the same suddeness of attack, the terrible character of the circumstances: in the one mechanical, in the other electric, and in both cases hysteria may develop itself in consequence thereof, and a hysterical paralysis may implant itself upon the accidental paralysis produced by lightning or by a railway accident.

In Water.

But if from man's vile arts I flee,
And drink pure water from the lea,
I gulp down infusoriæ,
And quarts of raw bacteriæ,
And hideous rotatoriæ,
And wriggling polygastricæ,
And slimy diatomaceæ,
And double-barelled kolpodæ,
Non-loricated amœbæ,
And various animalculæ,
Of middle, high, and low degree;
For nature just beats all creation
In multiplied adulteration.

—*American Druggist.*

TWO NEW INSTRUMENTS.

By JAMES C. WOOD, M.D.

ANN ARBOR.

IN doing plastic surgery I have often felt the need of a sponge-holder more effectual than those ordinarily used, and I therefore devised the instrument shown in Figure 1. Before having this instrument made, there was nothing in the way of a sponge-holder which I have ever seen that would hold a sponge firmly and securely. The ordinary long-handled Tait and Wells forceps would do this, but artery-forceps are both too expensive and too cumbersome to be used for sponge-holders. The simplicity of the instrument described will be seen at a glance. Possessing the forceps action, as it does, it grasps a sponge of almost any size most effectually and securely. It is also light, and of the proper shape. The two blocks are joined with a French lock, so that the instrument is perfectly aseptic.

FIG. 1.

Figure 2 represents a new combined wire-twister and hæmostatic forceps. It, too, is exceedingly simple, as is shown by the illustration. The advantages claimed for this instrument are: 1. The T-shaped tip enables the operator to grasp the separated ends of the wire more quickly than can be done with the ordinary twister. The cross-bar does not in the least embarrass the operator by its length. 2. The ease by which it can be locked and unlocked by means of Tiemann's new and ingenious catch. 3. The aseptic construction, there being no possibility of septic material lodging in any part of the instrument. 4. While originally intended only as a wire-twister, I have found the instrument very useful as a compressor in controlling oozing in plastic work.

FIG. 2.

In my experience these instruments have proved more useful and convenient for the purposes intended than any ever used by me. They are made by Messrs. Tiemann and Co.

OPHTHALMOLOGICAL NOTES.

By H. H. CRIPPEN, M.D.

SAN DIEGO, CALIFORNIA.

MIELS (*La France Medicale*, 13 Août, 1889) has been conducting some researches that are of great interest to those who use intra-ocular injections for the purpose of cleansing the anterior chamber after cataract operations. These experimental studies are with regard to the effects produced by intra-ocular injections on the epithelial elements lining the anterior chamber. Injections of pure water remove the epithelium from the Membrane of Descemet in fifteen to thirty seconds. Mercurial solutions attain the same result in ten seconds. Borated solutions (4:100) only feebly alter the anatomical elements, while a solution of chloride of sodium does not affect the epithelium at all.

When we consider that it has been proven that microbes are not killed by intra-ocular injections of antiseptic fluids, and that, as M. Miels demonstrates, these injections are often harmful, it is logical to conclude that intra-ocular *lavage* is only indicated as a *mechanical measure*, as, for example, the removal of debris of the lens; and, further, we may learn to discard mercurial solutions in favor of a simple solution of a few grains of common salt in boiled water.

* * *

S. Robinski, in a contribution to the anatomy, physiology, and pathology of the crystalline lens, rather upsets some of our theories in this direction (Ein weiterer Beitrag zur Anatomie. Phys. u. Path. der Augenlinse, Berlin, 1889). This author insists that the entire crystalline, including the nucleus, is composed of *tubes or hollow cylinders* with exceedingly fine walls. They are only to be seen after being subjected to very dilute solutions (1:800 or 1:100) of nitrate of silver, or after freezing the lens. We can, then, if this be true, no longer speak of lens fibres.

Besides this, Robinski rejects the existence of a cement substance between the tubes (that which Arnold and others demonstrate). According to the author, Arnold's method of preparation is faulty, and in the normal crystalline there is no fixed substance sustaining the tubes of the lens. The support of a cement substance, as in the case of epithelium, it is argued, is not necessary. Its place is supplied by the lens capsule, which holds the tubes in place. More than this, the author remarks that the existence of a cement

substance between the tubes would render inexplicable the processes of nourishment of the crystalline. If there were a fixed cement substance between the tubes there could be no circulation of lymph. With regard to the nutrition of the lens, Robinski differs a little from the theory of Magnus. There is no true current of lymph in the crystalline, but the lymph infiltrates the "body of the crystalline" by endosmosis after traversing the openings in the capsule. It enters at the same time into the space between the crystalline cylinders, especially the exterior layer, which are consequently softer and contain more water than the internal layers.

With regard to the formation of cataract Robinski states that it is due to a primitive disturbance of the tubes themselves, a molecular distruction and alteration.

* * *

From a series of investigations on the suspensory apparatus of the crystalline lens and on the posterior chamber, Dr. Emile Berger* derives the following conclusions:

1. The posterior chamber of the eye is divided into three parts; a part exempt from zonular fibres (prezonular), a part (zonular) traversed by these fibres, and a part situated behind the zonular fibres (postzonular).

2. The majority of the fibres pass into the anterior and posterior surface of the capsule, but some also terminate in its equatorial part.

The most anterior fibres and the most posterior of this ligament are the closest in the adherence of their individual constituents, and consequently form anterior and posterior boundaries to a space which can be filled by injection of a viscous substance like albumen (canal of Hannover). Air or a solution of aniline injected into the ligament of the crystalline penetrates into the posterior chamber.

3. The postzonular part of the posterior chamber is a space of capillary nature. Its anterior limit is two millimeters in front of the ora serrata. Its anterior wall is formed by the zonular fibres, especially the posterior fibres of the zonular ligament; its posterior wall is formed in art by the condensed tissue of the vitreous dy, in part by fibres of connective tissue (hyoido-capsular ligament). The postzonular ace is traversed by extremely fine fibres, ich interlace.

4. The *canal* of Petit (postzonular canal) is oduced by detachment of the vitreous body, by exudation (irido-cyclitis, staphyloma, glaucoma), by *post mortem* mutations, or by forced injection.

5. Injection of the postzonular space is possible by a viscous mass like albumen, but it is impossible by a solution of aniline, where the injected mass passes through the crystalline ligament. The statement that it is possible to produce Petit's canal by injection of the zonular part, and that the anterior wall is formed by the *lamina vitrea* of the *par ciliaris retinæ* is false.

Dr. Berger has clearly distinguished in the above conclusions between the canal of Hannover and the canal of Petit, but the number of authors who have previously confused these two canals is so great that a brief historical review will help to set matters right. There is no doubt that the canal injected by Petit in 1726 was the postzonular space. The spaces within the zonular ligament never present, in the injected state, the gibbosities of the injected postzonular space; that appearance which led Petit to call this space the "*Canal de Godronne*" (from *godron*, a fold or plait), and which brought Zinn to compare it with justness to a colon swollen with wind. Hannover was the first to make a different description. He described a canal situated between the anterior and posterior zonular fibres, extending to the ora serrata; by error, Hannover named this canal "Canal of Petit;" moreover, he further observed a second canal between the posterior leaf of the zonule and the hyaloid, which was afterward described by Finkbeiner as the "Canal of Hannover;" hence arose the error.

955 FIFTH STREET.

natomie Normal et Pathologique de l'O'eil. E mile Berger, Paris,

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Ether has been successfully employed by Dr. Clausi in two cases of intestinal obstruction in which ordinary methods of treatment had failed. He dissolves three drachms of ether in alcohol and adds about ten fluid ounces of fennel-water, injecting the whole into the rectum as far as possible. A painful sensation of heat was felt all over the abdomen, and an evacuation having the odor of ether at once occurred. A little after there were abundant evacuations of feces, accompanied by the disappearance of colic, etc. Dr. Clausi thinks that the ether provokes peristaltic movements by irritating the terminations of the motor nerves of the intestines through the rapid distension caused by the ether vapor.

"I walked the floor all night in vain;
I swore a little—may be,
"I didn't have an ache or pain:
I merely had the baby."

DEPARTMENT OF GYNECOLOGY.

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HOW TO TAKE A VAGINAL DOUCHE.

When ordering a patient to take douches as a therapeutic measure, do not take it for granted that she knows the proper manner in which to proceed. Tell her that she must lie upon her back; that the hips must be raised and the water used as hot as can be borne; that the stream must be continuous for at least ten minutes; that if any medicinal substance is advised, it may be added (in the proper proportion) to the last pint injected; that she should remain recumbent for a short time after the douche, and if only one is taken per day it had better be just before retiring. To fulfill these requirements she should have a fountain syringe of good capacity, and a douche pan with a waste-pipe leading to a pail beside the bed. The syringe tip should have a bulbous end with perforations surrounding, but none *at* the center of the end of the bulb, lest a patulous os receive a direct stream and uterine colic ensue. If she cannot stand hot water to begin with, the temperature should be gradually increased by addition. The tip should be introduced by pressing it against the "back wall of the passage," and carrying it inward until it meets resistance, when it should be slightly withdrawn and the water turned on. If no such directions are given, in four cases out of five a pint or two of water will be injected in a squatting position by means of a bulb syringe. Such a procedure will suffice for cleansing purposes, but would be a dismal failure as a therapeutic measure.

GYNECOLOGICAL NOTES.

Placenta prævia occurs once in about 1200 cases.

According to Emmet there is no such disease as endometritis.

False labor pains generally have their origin in intestinal irritation.

Malignant disease, Fritsch declares, is rarely seen in a prolapsed uterus.

Pregnancy has occurred in a woman having a completely prolapsed uterus.

Twins occur once in 90 pregnancies; triplets once in 7000; and quadruplets once in 370,000.

Only when accompanied by dysmenorrhœa or sterility, is anteflexion to be considered a pathological state.

When pruritus vulvæ or of the vagina occurs in either old or young, it should at once raise the suspicion of glycosuria.

Always bear in mind what another has pithily said, that "woman has some organs outside the pelvis."—*Dr. Goodell.*

A Silk-worm gut suture has been found intact, in the perinæum, three years after it had been inserted for repair of the recto-vaginal septum.

Anteflexion of the uterus is a congenital condition in the majority of cases, and is then usually seen in an imperfectly developed organ.

The existence of an enlarged lymphatic gland above the left clavicle has been found in cases of cancer of the cervix uteri.

Tamponade of the vagina for uterine hemorrhage should be preceded by emptying of the bladder and the rectum also, if haste is not too urgently required.

It is said that Credè has abandoned his method of placental expulsion, as possibly productive of more harm than good to those upon whom it is practiced.

Secretion of milk is prevented if puerperal sepsis appears before the third day succeeding confinement.

Scant or delayed or suppressed menstruation is far more frequently the result of nerve-exhaustion than of uterine disease.—*Dr. Wm. Goodell.*

A thin greenish-tinted leucorrhœa appearing in a woman wearing a pessary indicates irritation and probable erosion and calls for removal of the support and a specular examination.

The nearer the menopanse the less likely is a fibroid to grow or cause trouble, and, therefore, other things being equal, less likely to call for active operative measures.—*Mundé.*

A case of Cæsarian section was down on the bills at one of our city clinics the other day, but the child would not wait, and came into the world by the usual route before the clinic day arrived.—*Times and Register.*

The same rule applies to a pessary as to a plaster of Paris splint—remove at once and correct its shape, if symptoms of irritation point to unequal and undue pressure at any point.

Hemorrhages from fibroid tumors can be promptly cured by the local coagulating effect of the positive pole applied to the interior of the uterus. Severe neuralgias, so often accompanying these troubles, can invariably be relieved by three or four applications of this treatment.—*Apostoli.*

A ruptured perineum is best repaired immediately after the conclusion of the third stage of labor. If delay is necessitated it may still be sutured during the first twenty-four hours, and union has occurred in rare instances, even when thirty-six hours had elapsed since delivery.

During the five years ending with 1887 there occurred in Credè's Leipzic Clinic 64 cases of placenta prævia. Eleven per cent of the mothers and fifty-five per cent of the children died. Version by the combined method of Braxton Hicks and slow extraction was practiced in 49 cases. Excluding one case, in which the woman's condition was hopeless when first seen, the material mortality was but 2.1 per cent, while in the remaining 15 cases treated by other methods it amounted to 33⅓ per cent.

In all cases of pregnancy, not only should examinations of the urine be systematically made, but the eyes should be examined with the ophthalmoscope, since, in a large proportion of cases where eye troubles exist, the patients make no complaint of disorders of vision. Frequently such troubles can be detected with the ophthalmoscope long before any disease of the kidney is shown in the urine.—*Dr. Pooley.*

If the disease be purely local—as most malignant developments are for a longer or shorter period—and the uterus be movable, that is, not embarrassed as to its normal mobility by the presence of parametritic or perimetritic deposits; if, also, the general condition of the patient be such that she is likely to bear the shock of a great operation, with its immediate and subsequent dangers of peritoneal inflammation and of sepsis; then she may be considered a proper and favorable subject for hysterectomy. —*Andrew F. Currier.*

Two curious cases of criminal abortion are described as caused by the internal use of gunpowder, in the dose of a small-sized wineglassful. In both of the women, who were peasants, the fœtus was expelled in a few hours after the ingestion of a single dose. The substance seems to enjoy the reputation of a reliable emmenagogue and ecbolic in Russian popular medicine. A case of abortion is also mentioned, produced at the second month of pregnancy, by means of large quantities of *glühwein* (Russian so-called *glühwein*), that is, a red wine mulled with such spices as cloves, etc.

In the vast majority of breech cases, very little aid is called for. Still the fœtal mortality in cases of presentation of the breech and lower extremities is so high-ranging, from nine to thirty-five per cent, that if we can reduce this death rate by applying forceps and hastening delivery of the after-coming head, we should do so.—*Dr. T. C. Smith.*

Septic endometritis may pass into the tubes, especially if the cervix bé contracted so that the uterus becomes filled to distention with septic material, which is then forced by mechanical pressure directly into the tubes. This is especially liable to happen after early abortions, for the cervix uteri not being prepared to dilate, is irritable and may contract firmly before or after the escape of the fœtus, thus interfering with free drainage, and in addition to the disease, or the results of the injury which caused the abortion by acting upon the uterus, may extend to the tubes. After abortions both the patient and doctor are prone to be remiss in taking the same precaution to prevent sepsis, or to secure involution, as after labor. Not only do the tubes become diseased, but, on account of their construction, any unusual amount of fluid is almost certain to escape from the open end into the peritoneal cavity and thus cause peritonitis, either local or general.—*W. Gill Wylie.*

In the vomiting of pregnancy, Ipecac, Kreasote and Apomorphia are of great value. In heartburn and other forms of dyspepsia, Nux vom. is of service. During the fourth and fifth months a state of spinal irritation and nervous exhaustion is not infrequently met with, and here Sepia or Actea rac. act very satisfactorily. Collinsonia 1x is far preferable to aperients in the constipation of the latter months. During labor two medicines have served me well, viz.: Ignatia and Pulsatilla. The former in exhausted states of the nervous system, and the latter in uterine inertia or fatigue. For this condition, where in former days it was customary to give a drachm of Ergot, I now gave five drops of the mother-tincture of Pulsatilla. For after-pains I administer Gelsem. ϕ, two or three drops after each severe pain, and find it of much benefit. If this did not relieve, and the pains are referred mostly to the back and thighs, actea is given instead. In febrile conditions following labor, if originating in the uterus, Verat. v. ϕ is the first medicine thought of; if in the mammæ, Aconite or Belladonna, or both. In inflammatory conditions, Aconite, Merc. corr., Coloc., Bryonia, or Nux vom. (in a high dilution) are called for, according to different indications. Injections of hot water with antiseptics are always of service. I believe the internal use of Arsenic to be homœopathic to septic conditions.—*Dr Goldsbrough.*

DEPARTMENT OF SURGERY.

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[We have received letters from various subscribers expressing disappointment because Dr. Rich's article on the treatment of cancer did not appear in this Department last month. We assure our readers that they can be no more disappointed than we are, but the omission was unavoidable, for the reasons already given. The delay in this matter has now been so great that we have determined to alter the plan first proposed. Dr. J. S. Mitchell will read a paper next month covering practically the same ground that would have been dealt with in that of Dr. Rich. We have concluded to await Dr. Mitchell's paper, which will appear in the columns of the ERA.—CH. G.]

SURGICAL NOTES.

Previous to the adoption of antiseptic precautions, the mortality after mammary extirpation nearly equaled that of major amputations of the limbs.

A ten-per-cent. solution of pure phosphoric acid in distilled water has been used by Grossich for the treatment of ulcers. The ulcer is covered with a bit of lint dipped in this solution, and the dressing renewed three or four times a day.

In fractures of the cervical vertebræ there is indicated immediate reduction of any displacement by extension and manipulation under an anæsthetic, followed by continuous extension and immobilization.—*Dr. Dandridge.*

Instillations of lactic acid are recommended by Aysageur in cases of granulations in the tympanic cavity, polypoid vegetations, caries, or necrosis with granulations, and roots of polypi. He commences with a fifty per-cent. solution of lactic acid, rapidly passing on to the pure acid.

The most important physical sign of volvulus is a circumscribed area of tympanites which corresponds to the location of the volvulus, but this sign is only of value before general tympanites has set in, and therefore enables the surgeon in many cases to make an early and positive diagnosis.—*Dr. N. Senn.*

In all fractures of the dorsal or lumbar spine involving the bodies or the arches, with or without evidence of injury to the cord, proceed with the immediate application of the plaster jacket by the hammock suspension, preceded, if there is evident displacement, by an extension, under an anæsthetic.—*Dr. Dandridge.*

Intense and daily cephalalgia, extending over twenty-three months, and which had resisted all the ordinary measures, was found to be due to adenoid vegetations and adenoid hypertrophies. Removal of the former and cauterization of the latter by means of galvanic cautery induced complete recovery.

Venereal warts will not recur after this treatment: Cut the whole of the wart off with scissors, apply solid nitrate-of-silver to the raw surface and dress with boracic lint. It is much less trouble and takes less time to effect a cure than caustics alone. The pain may be lessened by 10 per cent. hydrochlorate of cocaine.—*Dr. K. C. McKenzie.*

Whilst ready to give the credit to the antiseptic system of diminishing the risk and pain of operations by procuring healing by first intention, I am not quite sure whether our recurrences after operations for cancer are not more rapid in these beautifully healed cicatrices than they were in the old days, when profuse suppuration probably eliminated any particles of disease which had escaped the knife.—*C. Heath.*

Dressing of wounds.—The wound is covered with a strip of aseptic silk, over which a few layers of iodoform gauze are applied. Over this a cushion of sublimate moss is placed with a thick layer of salicylated cotton along its margin for the purpose of guarding more securely against the entrance of unfiltered air; the whole of it is retained by a circular bandage of gauze evenly and smoothly applied. For the purpose of securing absolute rest for the limb it is placed upon a posterior splint and kept in a slightly elevated position. If no indications arise, the first dressing is not removed for two weeks, when the entire wound will usually be found healed, except a few granulations at the place where the catgut drain was inserted. A smaller antiseptic compress is applied and the limb dressed in a similar manner. It is advisable to enforce rest not only till the external wound has healed, but until the whole process of repair has been completed, which embraces a period varying from four weeks to three months, according to the size of the cavity and the age of the patient.

The muscular structures surrounding the urethra are so arranged that, at the triangular ligament, they divide the canal into two parts, the anterior and posterior urethra. That this division is real, physiological as well as anatomical, and not merely arbitrary and for the sake of making finer but impracticable distinctions, may be demonstrated in various ways, one being the very fact that, if we inject a quantity of water, say a quart, through a catheter whose eye is just distal to the triangular ligament, that some amount will return alongside the catheter and escape at the meatus; whereas, if we place the eye of the catheter just beyond (proximal to) this muscular ring, and then inject, the fluid will not reappear at the meatus, but will pass on into the bladder.

Perhaps I may be pardoned for uttering a warning against using the ends of a ligature just tied for the purpose of bringing the tied tissue into view for inspection, especially against using them to in any way steady or lift the pedicle. This latter should always be fixed and manipulated with a pair of forceps fixed to its edge below the site of ligation. On more than one occasion traction on the ligature, apparently slight, has destroyed its compression and induced bleeding, or even torn it entirely loose, necessitating a tedious search for the lost stump in order to re-tie it, and one never feels as certain of the security against hemorrhage after such an accident, aside from the delay and annoyance caused.—*Dr. Parkes.*

Asepsis at the seat of implantation.— The most essential condition for success in the treatment of bone defects by implantation of decalcified bone is a perfectly aseptic condition of the tissues to be brought in contact with the implanted bone. This condition is easily procured in operations on bones for lesions other than those caused by infection with pus microbes, such as tumors, parasites, and tuberculous and syphilitic affections uncomplicated by suppuration. In the surgical treatment of these affections after the removal of the diseased tissue the seat of operation must be aseptic if the ordinary precautions in the prevention of infection from without have been observed. In such cases speedy healing of the external wound and the early partial to complete reproduction of the lost bone are assured.

Chancroid may be treated by sprinkling powdered resorcin each day on the sore, and gently cleaning the surface the following morning. So long as the base of the sore has a grayish color, he continues the application. This usually takes five or six days; afterward he washes the sore and dresses it with a 5-per-cent. solution of resorcin. This plan of treatment transforms a contagious inoculable sore into a simple wound, prevents adenitis, unless it has already formed, when it usually prevents suppuration. If suppuration has taken place, the bubo is opened, irrigated with a 5-per-cent. resorcin solution, and then dressed with resorcin powder.—*Dr. Leblond.*

Decalcification and disinfection of bone. A fresh tibia of an ox is the best material for decalcification. The bone is cut in sections two inches in length, and, after carefully removing the medullary tissue, is kept in dilute muriatic acid, the fluid being changed every few days until the process of decalcification has been completed. After this has been accomplished the bone can be readily cut into pieces about one millimeter in thickness, making the sections parallel to the long axis of the bone. The acid is then removed by washing and by keeping the bone immersed in a weak solution of caustic potash. The bone is then rendered antiseptic by keeping it until it is needed in a solution of sublimate in alcohol 1:500 in a wide-mouthed bottle, which is kept hermetically sealed by a glass stopper to prevent evaporation of the solution. When the bone is needed, it is taken from the bottle and placed in a five per cent. solution of carbolic acid, or a weak solution of sublimate. In making the plates or disks for filling a cranial defect the bone is cut so as to correspond in thickness to the bone removed, and accurately to fit into the opening. A number of small perforations in the disk or plate should always be made, as through these openings the space underneath the bone is kept drained; at the same time the early entrance of granulation tissue into these openings effects fixation of the bone *in situ* and favors the early removal of the implanted substance by substitution with permanent living tissue. Before implantation both sides of the plate should be dusted with iodoform. For packing bone cavities the decalcified bone should be cut in thin slices or chips, which should be laid upon a compress of aseptic gauze, so as to remove the surface moisture, when they are dusted with iodoform before they are implanted into the cavity. Aseptic decalcified bone drains, in the absence of more suitable material, can be used in packing bone cavities.

"The plesiosaurus danced a jig,
The glyptodon stood on his ears,
"The icthyosaurus hummed a tune,
"The apteryx rode on a toy balloon,
"The megatherium winked at the moon,
And the mastodon dried his tears."

OPINIONS EXPRESSED.

Milk sterilized by steam should be supplied to the poor for nothing.— *Dr. J. M. Keating.*

Successful treatment of inebriety includes the absolute cessation of alcoholic drinking.—*Dr. James Stewart.*

I am convinced that the ovaries have as little to do with the sexual appetite in women as, say, the front teeth.—*Lawson Tait.*

If water were scarce enough to be sold at a fabulous price, people would then appreciate its great value.—*Dr. J. A. Larrabee.*

The diminution of the mortality in the puerperal state is due largely to the universal use of antiseptic measures.—*Dr. Blake.*

Fibroid tumors of small size can be completely absorbed by the proper application of strong currents of galvanism.—*Apostoli.*

The boundary line between a simple dyspepsia and a gastric catarrh is, perhaps, never made out clearly.—*Dr. A. Jacobi.*

The early appearance of herpes in an attack of uncomplicated pneumonia I have always regarded as of favorable import.—*Dr. Stack.*

The antiseptic treatment of wounds, as now universally practiced, constitutes the greatest triumph of modern surgery.—*Dr. N. Senn.*

It is not true that women of civilized nations suffer less in labor than those of the uncivilized. —*Dr. Blake.*

The more one knows of insanity, the less does it seem to differ from the normal condition.— *Dr. Wm. W. Ireland.*

With our increased knowledge and experience we should almost stamp out septicemia.— *Dr. T. Griswold Comstock.*

A death from typhoid fever now means not so much a dispensation of Providence as it means foul water, foul food or foul air.— *Dr. H. A. Johnson.*

The opinion entertained by some of the profession that puerperal fever occurs only after severe labors, is not correct.—*Dr. T. Griswold Comstock.*

Headache is one of the first, and often one of the most persistent, symytoms of an infinite variety of diseased conditions, and ought generally to be ranked as a symptom and not considered the disease to be treated.—*Dr. Carfrae.*

The reason why hiccough is not so often met with in the present day is because the large quantities of alcoholic stimulants formerly administered in acute disease are not employed so freely as they used to be.—*Dr. Richardson.*

WORTH KNOWING.

The hot bath and massage are important factors in the treatment of insomnia.—*Eccler.*

Acute arthritis of infants occurs most frequently during the first year of life.

Vaseline is an essential agent in the treatment of rhinitis, and it must be used warm.— *Dr. T. F. Rumbold.*

Periodical screams by day or night characterize a spasm of the bladder, chiefly if they cease for some time after micturition. —*Politzer.*

Half of a fluid drachm of glycerine, mixed with one-third water, given as enema, will produce an evacuation in ten minutes.—*Ramassey.*

Abdominal massage is a harmless and useful method of treatment in constipation rebellious to ordinary therapeutic measures.

Excess of water is attended with less inconvenience or danger to the child than is excess of food, for it is readily absorbed.

As soon as acute arthritis is recognized the pus should be evacuated promptly, the joint properly drained, and parts dressed antiseptically.—*Dr. W. R. Townsend.*

Arnica given for a month or six weeks before labor is of great benefit. Apomorphia in the vomiting of pregnancy has given me good results.—*Dr. Blackley.*

To Diagnosticate simple chronic rhinitis from hypertrophic rhinitis, apply a solution of cocaine; in the former the tumor disappears temporarily—not so in the latter.—*Sajous.*

An intense diaphragmatic expiration with a sibilous (whistling or hissing sound) denotes an access of asthma and excludes both croup and capillary bronchitis.—*Politzer.*

A small number of bacteria in degenerated glands does not indicate slight pathogenic significance, since they may be very scanty even in undoubted cases of acute tuberculosis of the glands.—*Vysokovitch.*

For insect bites a useful application is as follows: Elastic collodion, 10 parts; salicylic acid, 1 part. Also, elastic collodion, 1,000 parts; bichlorid. hydrarg., 1 part. To be used as soon as possible after a bite.

Great relief may be obtained in lead colic, the rectal and vesical tenesmus of ataxia, and in dysentery, by injections of water heated to 45°, or even 48° C. In dysentery the hot water calms the pain and lessens the frequency of the motions. The method is equally applicable to the treatment of hæmoptysis and obstinate vomiting.—*Tripier.*

It is impossible to dissever clinical from pathological observation; the facts of the dead-house and the laboratory must be controlled by, and collated with, the facts revealed by bedside investigation.

The result of tobacco-using is ultimately to produce a sort of paresis of these nerves, giving rise to increased rapidity of heart-beat with diminished force of contraction. This causes a cerebral anæmia more or less ephemeral in character, with its consequences, vertigo and hypothemia.

The continuity of the mucous membranes after excision of neoplasms or cicatrices, is restored by Wolfler, by transplanting to the denuded places strips of mucous membrane.

Infants and children—mainly the former—receive too little water. Whenever they are thirsty, both in winter and in summer, they are given milk—that is, food; and many a case of dyspepsia, with its results, could be obviated by adding plenty of water to the food.—*Dr. A. Jacobi.*

Pathology is not confined to the narrow circle of the microscopic field, and he is the best pathologist and the most entitled to pronounce upon the probable outcome of a morbid process who considers not merely the anatomical structure and relations of the tumor, but has regard to the life-history of such a growth founded on clinical observation.

In uræmic amaurosis, without changes in the eye visible to the ophthalmoscope, even should the usual accompanying symptoms, such as dizziness, nausea, and threatened convulsions, be absent, their supervention is soon to be anticipated, and the immediate induction of premature labor is indicated, without waiting until the life, as well as the sight, of the patient is in danger.—*Dr. Pooley.*

A premonitory symptom of hip-joint disease is a sense of weariness and weakness in the muscles of the lower extremities; they feel quite unequal to the most moderate work, and after it ache as if they had been overstrained the day before.—*Dr. Myrtle.*

The use of improper or badly-prepared food is a common cause of infantile sickness and death. Infants deprived of their mothers' milk, or its substitute, the milk of the wet-nurse during the period when nourishment at the breast is the proper mode of alimentation, have until recently, if we may speak from our experience in New York City, nearly all perished soon after birth, and from causes which were plainly referable to the mode of feeding.—*Dr. J. Lewis Smith.*

Calcarea and Silicia are of great value in preventing premature births. Arnica, Secale, Ignatia, and Gelsemium are very successful in relieving after-pains. In the vomiting of pregnancy, Cocculus. Collinsonia had given me great satisfaction in relieving constipation. Pulsatilla and Opium have given no results in promoting labor pains.—*Dr. Neatby.*

In all ordinary cases of chorea in children, separation from their usual surroundings, whether sanitary or otherwise, is so potent a factor in the cure that I now adopt the plan of leaving the patient without medicine for the first few weeks at least, with the result that four out of every five cases, even in previously debilitated children, get well with no other medicine than *sach. lact.*—*Dr. J. Galley Blackley.*

In the treatment of erysipelas, apply an ointment of the following composition: Creoline, 1; iodoform, 4; lanolin, 10; to be applied with a brush over the affected part and for a distance of two or three inches over the healthy skin. In twenty-five cases treated in this manner, after two or three applications a fall of temperature took place, the erysipelas was limited and the skin resumed its normal color. —*Koch.*

Nearly three thousand infants have been vaccinated by Dr. W. C. Criggs, with only one complete failure, with lymph obtained in the following manner: A small bead of pure glycerine is dropped on the center of each pock, and the top of the vesicle is gently rubbed with a smooth blunt instrument (*e. g.*, the round glass head of a shawl-pin). In two or three minutes the drop will have increased to double its size, if the vesicle contained a good supply of lymph, and may be used for vaccinating in the ordinary way.

About two years ago a patient forty-five years of age was brought to me, suffering from a nearly continuous cough with little or no expectoration. After careful examination of the chest and larynx, accident led to the examination of the ears, when there was found decided inflammation and intense hyperæsthesia of the drum membrane, every touch or even draught of air bringing on a paroxysm similar to such as he had been suffering from. All other treatment was now suspended, and under the proper treatment for the local trouble the cough entirely disappeared. At the present time two cases affected by eczema of the external canal, with inflammation extending down to the drum, have a more or less disagreeable cough. In one this has been sufficient to lead to frequent consultations for a supposed lung trouble.—*Dr. A. C. Palmer.*

One drop of equal parts of carbolic acid and glycerine applied thrice daily to boils is said to be very effectual.

A sleepy condition of a child without fever and in apparent health, chiefly after an acute disease, suggests a basilar meningitis; moreover, if at times there is a staring look or a slow lateral movement of the eyeballs.—*Politzer.*

It is possible for nature to rectify a malpresentation, and if so, it is possible for us to assist nature by medicines. If the evidence was satisfactory, that was no reason to deny it. In delayed labor he never needed to give Secale in material doses. One medicine worthy of mention in this connection is Caulophyllum. This is called for when the pains are irregular. Pulsatilla is best when the pains are weak from the first.—*Dr. Richard Hughes.*

Ammonium Causticum in Stomatitis.—A middle-aged woman suffered from cancrum oris, or gangrenous stomatitis. The inner surfaces of the oral cavity were covered with a grayish-white material, at first sight not unlike a diphtheritic exudation, but the texture was looser, more dense, and emitted an excessive fœtor, which filled the whole room. Arsen. iod. and Mercurius c. were given for two or three days without any relief. Then Ammonium causticum was given in drop doses in water every hour. Twenty-four hours later I found a wonderful change for the better. A great part of the sloughs had already cleared off, leaving a healthy looking surface underneath: the fœtor was nearly gone, and the woman's health improved in every way. This change had commenced directly after taking the first dose of the Ammonium causticum, when the mouth was completely cleared of sloughs, and in three days after she was discharged as cured. The teeth were also in a bad state, and the tongue foul. I cannot trace the production of the disease in this case to any special cause. It is interesting as showing that not a single symptom was left requiring other treatment; also as pointing to a condition differing on the one hand from ordinary throat diphtheria, which so often disappears rapidly under Mercurius biniod, and on the other hand, to that form of more simple stomatitis, which, whether from decayed teeth or other causes, with its salivation and ulceration, is so often quickly resolved under Kali chloricum (potassic chlorate). The latter drug I have also found curative in as small a quantity as 1x, as well as in the more concentrated forms commonly used by the profession generally.—*Dr. S. H. Blake.*

To assert that the safe treatment of any disease must be based upon a correct diagnosis is a truism which needs no enforcement. Hence, any aid which tends to make the diagnosis of a local affection more certain is always of value, and is sure, in professional circles, to be hailed with satisfaction.—*Mr. Thomas Bryant.*

In the very young, ice and ice-water applications are not tolerated for long. Applied to the cranium, the bones of which are very thin, they are often followed by collapse. The beneficial results may be obtained with greater safety by applying them to the occiput and nape of the neck. Hot fomentations or poultices to the head are equally dangerous.—*Dr. A. Jacobi.*

A new treatment for acne has met with very good results. Use a vaporizer to which may be added the drug for external application. This process of steaming the face is not only very beneficial to the complexion itself, but speedily removes impurities and black specks, such as are seen in acne comedones, and the redness of acne rosacea. Its action seems to assist the function of the pores, and to cleanse the skin of all impurities, acting in a similar manner as the Turkish bath. As soon as the steam is produced in the vaporizer it may be applied at about one foot and a half from the patient's face, and used for one-half an hour.—*Dr. James Martin.*

The cause of the difference in the color of lakes and rivers has engaged the attention of many celebrated investigators of nature, such as Tyndall, Bunsen and others. Recently Professor Spring, of the University of Liege, has carefully investigated the question of the color of water, and has reached some interesting conclusions. According to him, absolute pure water, when seen in masses of sufficient thickness, is blue, and all the varieties of color exhibited in lakes and streams arise from the presence in the water of mineral salts of different degrees of solubility and in varying quantities. Water containing carbonate of lime in a state of almost complete solution remains blue, but if the solution is less complete the water will have a tinge of green, which will grow stronger as the point of precipitation is approached. Professor Spring concludes that, if lime is added to blue water in which so much carbonate of lime is already dissolved that the point of saturation is approached, the water will become green. In proof of this he cites the fact that the water near the shores of lakes and seas, where it comes in contact with limestone, is generally of a greener hue than elsewhere.—*Nature.*

SELECTIONS.

Some Notes on Drosera.

Raue's *Special Pathology and Diagnostics* contains an excellent chapter on pulmonary consumption. But the therapeutic hints are notable for the omission of a most important remedy, and that is Drosera—an exceedingly useful medicine for the spasmodic, straining cough which is such a common cause of distress, with or without spitting of blood. Under the head of whooping cough the indications given are:—"Worse after midnight; attended by gagging and frequent vomiting of the ingesta; feeling of constriction in the chest and hypochondria, so that the patient tries to support these parts by the hands; worse from tobacco smoke and drinking; bloody urine." One of the most important indications, "bleeding at the nose or mouth," (Hering), is not mentioned at all. Why do these discrepancies occur? It appears to me that the actual reason of this is the want of order on the question of dose. Why are we not told in every repertory the relative effects of different potencies? Why are we given merely bare indications, with seldom any suggestions as to the potencies suited to particular states and conditions? Even if the dilutions and quantities producing special effects were stated, the information would be useful. Practitioners could then work out, for each drug, whether the correspondence of low potencies to certain disease-symptoms should be met by the administration of low potencies, whether the effects of minute doses indicate high potencies, and whether the mean of these powers can be found essentially in the medium dilutions. There would still be certain classes of remedies to be accounted for, in potentized drugs, such as Aurum, Silicia, and the Nosodes, all of which belong to the category of high potency remedies only.

What have these remarks to do with Drosera? Just this, that many practitioners are pottering with the medium and high potencies, when they could obtain much better results from the mother-tincture. The question of dose is secondary only, if it is secondary, to that of the selection of the remedy. We have opposed to us not only the disciples of old physic, but also an increasing band of dosimetric practitioners. Both parties are aiming at greater accuracy in prescribing, more reliable preparations, and easier forms of administration. In all these, thanks largely to the homœopathic initiative, they have become increasingly successful; and in view of this the general public are willing to condone their lessened polypharmacy. It behooves us, therefore, to develop the resources of homœopathic practice, neither slavishly adopting the high potency mania of the extremists, nor the crude tincture views of the materialists, but advancing all along the line. For several years I used Drosera only in the medium and high potencies, and the results were not satisfactory. Several medical friends said their experience was similar. One of these subsequently had a child seriously ill with virulent whooping cough. Drosera seemed clearly indicated, at the crisis stage, but the dilutions failed to relieve. It was given in five drop doses of the matrix tincture, with immediate benefit, and the child recovered. Since then I have frequently used the strong tincture, in three to five drop doses, at the crisis stage of whooping cough, and invariably with satisfactory results.

Referring again to its employment in consumption, I wish particularly to draw attention to its use in the hemorrhagic tendency. I have frequently seen it lessen the spasmodic cough and arrest the spitting of blood. In Dr. Farrington's *Clinical Materia Medica*, Mephitis is recommended for the asthma of consumptives "when Drosera fails;" Drosera is likewise indicated in the spasmodic cough of consumptives, "coming on in the evening, perhaps again after midnight;" and Drosera is placed among other remedies for aiding expectoration when the sputum slips back into the pharynx. But just as hemorrhage from the lungs, especially of bright blood, whether coming through the nose or mouth, is a marked indication for its use in whooping cough, so a spitting of bright blood, with a spasmodic cough, is an indication for its use in consumption. I should advise its use in three to ten drop doses of the matrix tincture, either with an equal quantity of glycerine, in a dessert spoonful of water, or in about half a teaspoonful of Syrupus pruni virginianæ, in frequently repeated doses, till the hemorrhage is arrested. The usual precaution of absolute rest and very light foods should be insisted upon.

If we add to the Drosera treatment for spasmodic cough Bryonia, matrix tincture to 3x for bronchial and pleuritic symptoms; Arseniate of strychnine, granules or 3x trituration, for depression of temperature and primary abdominal mischief; Lycopodium, 12 to 30, for the later effects of pneumonia; Sulphide of calcium, granules or 3x trituration, for constitutional and germicide effects; Chamomilla, matrix tincture, for colliquative perspirations; Phosphorus, 3x to 30, for congestive and acute pneumonic symptoms, and Quassine, granules, for anorexia with furred tongue, and constriction of the intercos-

tal muscles, we shall have a septett from which to select remedies that may save many a patient from the consumptive's grave. Such results are worth a large amount of careful study, and just as the genuine cures of old physic, such as those by Antipyrin and the rapid improvements sometimes effected by dosimetric granules, will be found to be illustrations of homœopathicity of the drug to the disease, so the relief obtained from a proper use of the matrix tincture of Drosera will show that it possesses a true remedial action.—*Dr. Morrison, in Monthly Homœopathic Review.*

Neuralgia; Cured by Silicea and Calcarea.

The following report forms a part of the Homœopathic League Tract No. 36. It is taken from the *Allgemeine Homœopathische Zeitung*, by Dr. Mayntzer:

A girl, æt. nineteen, had suffered for some months from neuralgic pains in both arms, which always came on every evening and lasted all night, whilst during the day they were replaced by a feeling of lameness and weakness. Both arms were the seat of tearing pains. Pressure and movement were painful. The hands were affected with trembling, formication and numbness, and the fingers often remained opened out stiffly and could not be bent. She had been under the treatment of an allopathic doctor for two months, who gave her pills, which, she said, took away her appetite, but not the pain. All this was communicated to me in a letter, and I did not see the patient. I immediately thought of *Silicea* and *Calcarea* as the most likely remedies for the case. So I sent her these two medicines in the sixth dilution, with directions to take first every night and morning five or six globules of *Silicea*, and if that did not soon relieve her, to take *Calcarea* in the same way. Some time after this the patient called on me and informed me she commenced as desired with the *Silicea*. The first day she experienced no change, except that her appetite returned, but that at night the sleeplessness and pains in the arms were as bad as ever. The second night the pains were not so severe, and she had a little sleep. The third night the pains were very slight, and she slept quite well, and so she went on improving. But from the fifth day she took the *Calcarea*, and on the sixth day all the pain was gone—'as if blown away,' was her expression—and she was quite well and looked so; whereas before taking the homœopathic medicine people told her they thought she must be going into consumption. The following are the symptoms of *Silicea* and *Calcarea*, which show a resemblance to those of the patient, and which led me to prescribe them:

Silicea.—Tearing pains in upper arm. Pain as of dislocation in wrist. Cramp-pain and lameness of hand on slight exertion. Gone-to-sleep feeling of hands at night. Numbness and formication in hands. Numb feeling of a finger as though it were enlarged and the bones swollen. Restlessness and trembling in right arm.

Calcarea.—Bruised pain of arms on moving or grasping. Pain as if sprained in wrist, with shooting and tearing in it when moved. Tearing in whole arm. Shooting, tearing pain in upper arm and elbow. Nocturnal tearing and drawing in arms. Spasmodic tearing pain on outer side of forearm from elbow to wrist. Cramp in the whole of one or other arm. Cramp in hands at night until she rises in the morning. Cramp-like contraction of fingers. Pain and weakness of hand; trembling of hands in the morning. Weakness and a kind of lameness of arm. Fingers feel furry.

Ectopic Pregnancy.

To come to the practical question, the most important point in the subject—If you are called to a patient who is evidently dying from the effects of a ruptured tubal pregnancy, what are you to do? The course to pursue was indicated a hundred years ago with the utmost precision, and is now embodied in the aphorism of surgical practice, viz., in case of hemorrhage get at the bleeding point and apply a ligature. The same rule applies here. We know that the source of the hemorrhage is in the broad ligament. You open the abdomen and you find it full of blood and red clots; do not at first trouble about the blood, but go straight for the broad ligament; go to where a swelling is felt, pull it up and put on a ligature, and your patient is saved. Let me read the account of the last case on which I operated only a short time since. On the morning of August 10, at 1 P. M., Dr. Nelson called upon me in reference to a young married woman, aged twenty-six, whom he had seen that very morning. She complained of a sudden attack of violent pain in the lower part of the abdomen. She rapidly got worse, and when seen by him she was already in a condition of relapse. She was acutely anæmic, and presented all the classic symptoms of abdominal hemorrhage. The one point in the history that gave a clue to the case was that she had gone six weeks over her time without menstruating. He made the diagnosis of ruptured tubal pregnancy, and I had little hesitation in agreeing with him. The patient was brought to the hospital as speedily as possible, and she was found to be absolutely pulseless. I opened the abdomen, and as one of the

spectators afterwards said to me, the rush of blood was as if I had opened a hydrant. Disregarding the blood and clots for the time being, I went straight for the fundus of the uterus, and in a moment discovered that a tubal pregnancy existed, and had ruptured. I promptly ligatured it, and proceeded to remove the blood and clots. I then closed the abdomen, leaving in a drainage tube. Not another drop of blood was lost, and the further progress of the case was as follows: At 5 P. M. on the same day her temperature was 36° C., and the pulse could not be felt except deep down in the neck. The pupils were widely dilated, and the only sign of life was some slight movement of the diaphragm. The complexion was waxy and yellow. By 11 P. M. the temperature had risen to 38° C., but still no pulse was perceptible at the wrist. It was only thirty-six hours after the operation that it was possible to count the pulse. In Dr. Thomas' case the pregnancy ruptured *outside* the peritoneum, in this it was *inside*. The trouble in both cases was the same, but in one case the hemorrhage was limited by the hemostatic influence of the broad ligament, while in my case there were none of nature's efforts to arrest the hemorrhage, and in another hour it most infallibly have been fatal. It constituted the forty-seventh case of the kind I had operated upon. Dr. Leichelmann made a careful examination of the preparation, and the rent in the tube was not more than one-quarter of an inch in length, the fœtus not being more than the fourth week. It lay in the membrane within the tube.

In view of the success that attends treatment on the lines I have laid down, I venture to maintain that our views are correct. There will be no justification in future for leaving women, the subjects of this terrible abnormality, to die unaided.—*London Med. Press.*

An Improved Drainage Cushion.

The only point of the arrangement here described is that it may be improvised in any household, even the poorest; and it is not intended that it shall take the place of the excellent device so widely advertised by an instrument maker, except in emergencies. It happens to every one, however, to be called upon to do various minor operations when out of the reach of all formal apparatus, and in a number of cases where it was desirable to use water freely without wetting the bed or the patient. The writer has obtained the greatest comfort and satisfaction by the following means:

The necessary material, which can be had anywhere, consists of a sheet or thin coverlet and a piece of rubber cloth or table oilcloth.

The sheet is folded twice, and then made into a tight roll about three or four feet long to form the rim. This roll, laid near the edge of the bed or table, is bent into the form of the letter O, with a six-inch opening on one side of the O, the ends of the roll at this opening being fastened by safety-pins strongly to the edge of the mattress or the cover on the table.

When the rubber cloth is thrown loosely over this, a basin is formed which is open at the edge of the bed, and fluids readily find their way into a vessel on the floor to which the rubber cloth leads. Even a prolonged perineum operation, under constant irrigation, may be accomplished without any disarrangement or leakage. The same arrangement will be found to be of great assistance to patients in that troublesome procedure, the daily hot-water douche.

This may, of course, be called only an adaptation of the idea in the advertised pad before referred to. It may also be called a modification of the waterproof sheet which every woman has used on her bed since the deluge. The only object here is to call attention to the fact that we can, any of us, by simply making a curved ridge in this sheet, and paying some regard to the ordinary laws of hydrostatics, make for ourselves in five minutes a very great convenience, and save our patients and their attendants a good deal of trouble and annoyance.—*Dr. G. E. Shoemaker.*

A Case of Hyperpyrexia.

At Aden, in June, 1889, I had a young soldier under my care suffering from heat-fever, of the usual remittent type. For the first three or four days his casep resented nothing unusual, his temperature ranging from 101° F. in the morning to 103° F. in the evening, the chief complaint being of headache. During the evening exacerbations the headache increased, and his face would be flushed and conjunctivæ suffused, and his pulse full and bounding. His organs were all apparently healthy, and there was no malarial influence in the case obvious. One evening the man complained rather more than usual of his head, which was throbbing, face flushed and eyes suffused, though perhaps not more than usual. Temperature about 103° F. or little more. Skin not very dry. The condition of his pulse, however, sounded a warning note; it was rather more rapid than usual, but not much, and somewhat compressible, and per-

haps I instinctively suspected danger rather than inferred it. However, the condition of the pulse led me to suspect the onset of hyperpyrexia, and I ordered his temperature to be taken every half-hour and any rise to be reported, meantime directing boiling water to be in readiness, also sheets and cold water. In about an hour and a half his temperature was reported to me as 110° F., the man being perfectly conscious but rather listless. In less than three minutes the man was under treatment, and no bath being available and ice being limited, I packed him in sheets wrung out of cold water (as cool as it would be at Eden in June), placed ice in the axillæ and on his chest and abdomen, covering all with a blanket, the sheets requiring frequent changing owing to their soon getting quite hot. I gave him two drops of tincture of Aconite every quarter-of-an-hour, and bathed his head with layers of thick flannel wrung out of boiling hot water. He had three or four doses of Aconite, and in a few minutes after commencing the hot applications to his head the pain almost entirely ceased, and they gave him a most marked feeling of comfort and relief. His temperature fell gradually to about 105° F., never rising again to a dangerous height; he perspired freely, and he was afterwards treated with Gelsemium and Veratrum viride, and was ultimately in about a fortnight discharged to duty perfectly free of headache.

In reporting this case my object is to emphasize the application of heat to the head in cases of headaches in fevers, and, indeed, in other circumstances, too. The headaches of heat-fever are perhaps as severe as any ordinarily met with, and I entirely discard ice or cold bandages, and so great has been the relief that soldiers have asked me to go on bathing their heads. The relief has been almost immediate, and I have found that the headaches have often not returned, at all events not with the same severity, as is generally the case with ice, the relief from which is anything but immediate as a rule. Whatever the cause of hyperpyrexia, in this case I attribute the man's recovery, in a great measure, to the hot applications to his head, they perhaps having had more influence in stimulating the inhibited heat center than the cold to the general surface. — *Dr. Deane, in Monthly Homœopathic Review.*

To Prevent Ophthalmia Neonatorum.

During the average confinement, at the end of the second stage of labor, while the accoucheur is busy tying the cord, and afterward (with the assistance of the nurse) is attending to the safe and neat completion of the third stage, the baby is busily engaged in inoculating his eyes with cultures of vernix caseosa, etc., and often has such success that, like many another scientist, he, in due time, becomes blind to everything else, but by no means dumb.

To prevent this result I have of late practiced as follows: As soon as the child is born, and while I am waiting for the pulsations in the cord to cease, I give the care of the uterus to the nurse and carefully cleanse the face of the baby with damp aseptic cloths, and place over the eyes a narrow bandage (about two inches wide and a yard long), also damp and aseptic, and secure it with a safety-pin, then cleanse the baby's hands, tie the cord, wrap the child in flannel, protected by a diaper, and let it care for itself with perfect safety, until the nurse is ready to wash it.

Thus far I have had no ophthalmia neonatorum.

Of course this will not prevent all ophthalmia, especially those catarrhal forms due to bright light, cold, smoke, dust, and gases, from ill ventilation; but by its use, those severe and distressing blennorrhœal forms of gonorrhœal, septic, and puerperal infection will, I believe, be largely prevented.—*Dr. I. E. Abbot.*

Placenta Prævia.

Forty-five cases of placenta prævia occurred at the Dresden Clinic in a total of 5,779 labors. Twelve cases were treated by tampon or colpeurynter, with or without rupture of the membranes, delivery being allowed to take place simultaneously, with a maternal mortality of 0 per cent. and an infantile of 16.6 per cent., excluding the cases where the infant was dead when first seen. In twenty-three cases version was performed, followed by immediate extraction, the maternal mortality being 17.3 per cent., and the infantile 5.8 per cent., excluding cases where the fœtal heart was never heard. In six cases version and slow extraction was the method of treatment, one mother dying of sepsis, and all the children being delivered dead. Although these data speak decidedly in favor of the first method of treatment, it should be noted that, in all the cases so far treated, there was marginal insertion of the placenta, an insertion which does not expose the mother to the same risk as the total insertion. By the second method the greatest number of children were saved. Hardmann, who collated these statistics, concludes that this method is preferable in hospital practice, whilst in private practice version and slow extraction should be the rule, notwithstanding excessive infantile mortality. In case of placenta prævia marginalis the tampon will answer well both from the standpoint of the mother and of the child.—*Am. Jour. Obstetrics.*

Mammary Abscess.

It is undoubtedly a mistake, in my opinion, to pin one's confidence alone on the homœopathic remedy, in cases of mammary inflammation, to the neglect of procuring rest to the parts by bandages, rest being always indicated to all inflamed parts; and I think on the other hand that it may safely be considered as equally unwise to depend only upon mechanical treatment to the exclusion of the homœopathic remedy; but with the two in combination, and with the exclusion of all useless local applications, I have found but a small number of cases where I have failed to bring about resolution. But it must not be forgotten that when it does fail, and suppuration does occur, it takes the cases out of the domain of medicine into that of surgery; and that to prevent the mischief that confined and burrowing pus will cause in tissues so easily burrowed through and destroyed, the knife must be used, and used freely.—*J. Nicholas Mitchell.*

Diet in the Treatment of Diseases of the Skin.

As the state of the skin's nutrition is an index to that of the organism generally, we are led to perceive that whatever promotes the general nutrition promotes at the same time that of the skin, and as the health of all tissues depends upon an appropriate supply of pabulum, the skin can be no exception. One needs to study the functions of the alimentary canal with as much care in the treatment of eczema, urticaria, or acne, as in that of the many forms which indigestion may assume. We frequently find that derangement of the digestive organs is productive of diseases of the skin. Proper diet in many cases of skin diseases is more important than constitutional treatment or local applications. In urticaria, eczema, and erythema simplex we can frequently trace the connection between a derangement of digestion and the cutaneous malady. The loaded tongue and other symptoms of acute dyspepsia point toward the cause of the disorder, and an emetic or purgative, or both combined, will frequently bring speedy relief. In urticaria, articles of food which have been known to cause previous attacks should be prohibited, and only small quantities of animal, fatty, starchy, or saccharine food be taken. Alcoholic liquors should be forbidden. Gastro-intestinal derangement is a frequent cause of eczema by the absorption of waste products and defective excretion. In acute eczema, where large extent of surface is involved, the diet should be bland, such as milk, rice, arrow-root, tapioca, toast, etc. When it occurs as a complication of gout, all alcoholic beverages should be prohibited and very little meat allowed. When it occurs with rheumatism, all articles which readily undergo fermentation should be used very sparingly. Scrofulous patients require fat, meat, and liberal sustenance, excluding starches.

Patients affected with acne generally present evidences of impaired nutrition, and attention to the diet is most important, and, as a rule, nutritious food is required. Rosacea is generally developed as the result of incomplete digestion or the presence of alcohol in the blood. The food should, therefore, be simple but nutritious, and alcoholic beverages forbidden. Purpura is frequently caused by improper food, and requires a diet of milk, fruit, vegetables, etc. Herpes zoster calls for a diet of fatty articles of food, as cream, butter, oil, etc., and the same is true of ichthyosis. Lichen planus, sycosis, pityriasiskrubra, and the pustular skin diseases are usually associated with faulty nutrition, and require a liberal diet of easily-digested foods. The eruptive fevers are best treated by a strictly fluid diet, especially milk, during the acute stages.—*Dr. J. V. Shoemaker.*

Early pregnancy—that is, from the second week of conception—can be readily and harmlessly ascertained by the careful introduction of the uterine sound and digital touch. There will be lengthening of the body of the uterus with curving at one angle of it, near the opening of the Fallopian tube, either left or right; there will be flaccidity of the uterine walls, marked dilatation of the internal os, and also of the cervical canal, and plugging of that canal with a viscid mucus, due to congestion of the entire endometrium. Since the placenta is not formed till the tenth week, before which time it acts as a foreign body and thus sets up reflex disturbances of the gastric organs and nervous system, a uterine sound may be introduced without causing any impressionable disturbance to fœtal development; but after the tenth or eleventh week, when the placenta is formed, and the reflexes have ceased, a sound when introduced would reproduce the reflex disturbances, and might penetrate the decidua reflexa.—*Dr. C. Benson.*

"Because a thing is small of size.
Think not that you may scorn it;
"Some insects have a larger waist,
But weigh less than the hornet."

CORRESPONDENCE

An "Irregular" Dose Made "Regular."

Syracuse, N. Y., Nov. 20th, 1889.

To the Editor of The Medical Era:

For the past few days my usually placid countenance has worn a perpetual smile, and as I believe in shedding sunshine along life's muddy road as much as possible, I am going to send you the cause of the aforesaid "smile."

It all came through the mail in an innocent looking letter containing the advertisement of an old-school remedy called "Freligh's Cough Tablets"; "For the *prevention* and *cure*" (italics mine) "of Pulmonary Phthisis," and this is the formula:

Formula.

Each Cough Tablet contains
Morph. Sulph. ($\frac{1}{60}$ gr.), Atropiæ Sulph. ($\frac{1}{120}$ gr.), Codeia ($\frac{1}{60}$ gr.), Antimony Tart. ($\frac{1}{15}$ gr.), Ipecac, Aconite, Pulsatilla, Dulcamara, Causticum, Graphite, Rhus-tox., and Lachesis, fractionally so arranged as to accomplish every indication in any form of Cough.

As has been said in these columns recently, "there are occasions to which language cannot do justice." Do you wonder that I have "smiled"? I hope every reader of this will find as many rib-tickling jokes in the above as I have.

I never could understand before why our brethren of the pseudo-scientific school sought after the title of "regulars" with such earnestness, and never before could I see so little reason for their receiving it, for certainly no mixing eclectic nor alternating homœopath ever conceived of such an irregular dose as this, and a quack of no school at all could never claim more for his remedies than is claimed for this one, which accomplishes "*every* indication in any form of cough."

Where else but from a Homœopathic Materia Medica could the author of the above have found that Causticum would ever cure the hoarseness of phthisis?

And how long since Pulsatilla "in fractional" doses became a recognized remedy in the old school?

And when did they discover that Dulcamara had produced and henceforth was able to cure "a cough with bloody expectoration"!

And, shades of Flint preserve them! if they haven't found somewhere in our journals that the butt of so many of their jokes—Lachesis—produces and cures "cough—oppression of the chest," etc.

And so the dazzling idea flashed into some one's mind that if they could only find out all the remedies the homœopaths use so successfully in curing coughs after the patients have grown tired with the allopathic experiments, and grind these remedies all up into one tablet, surely even consumption itself could be cured without doubt.

But observe how firmly rooted was his faith in squills and jalap, for after mixing up eight homœopathic remedies in this cauldron of witches' broth, he decides that the great sheet-anchor of the allopaths must be added, so he throws in a handful of opium and deems the task completed, and a new (!) remedy of wonderful efficacy discovered. Does this medical wonder realize the field ahead for this form of scientific (?) medicine?

All he has to do is to purchase the volume of Homœopathic Therapeutics showing the result of so much labor by our honored, white-haired S. Lilienthal — whose pen will always keep bright and sharp — make a copy of half a score of the remedies found under the heading of Fevers, mix these up with some opium and, *presto, change*, here is the wonderful allopathic "cure for every form of fever."

We do not wonder old school men are looking into homœopathy for something curative, instead of palliative, but when they do there are three things they should certainly not forget:

First: Acknowledge like *gentlemen* that the remedy was discovered by a homœopath, proven by a homœopath, and has been long in use by homœopaths.

Second: Remember that the *patient* is to be treated, and not the diagnostic name of a disease, and

Third: Leave out all opiates and give one remedy at a time, according to that law of nature promulgated by Hahnemann: "Similia similibus curantur."

E. Elmer Keeler.

[This well illustrates the way in which the allopaths attempt to make use of homœopathic remedies. They will never succeed in any such hap-hazard manner.—Ch. G.]

In the treatment of a bone cavity by implantation with decalcified bone, the chips are poured into the cavity and are packed quite firmly until the surface of the cavity is reached. The bone chips act as an antiseptic tampon which arrests the free oozing from the surface of the bone which always takes place after the removal of the constrictor. Some blood escapes between the bone chips and coagulates at once, thus forming a desirable and useful cement substance, which permeates the entire packing and temporarily glues, as it were, the chips together and the entire mass to the surrounding tissues.

ANNOUNCEMENTS.

American Institute of Homœopathy.

Office of the President, Monroe, Mich., Feb. 20, 1890.

FELLOW MEMBERS OF THE INSTITUTE:

I improve this opportunity to call your attention to a few things in which we, as members of that worthy and honorable National medical organization, should be deeply interested:

Our next meeting will begin on the 16th day of June, 1890, at the "Fountain-Spring House," Waukesha, Wis., and will be opened promptly at the hour of 7.30 P.M.

Our By-laws were so amended at the last session of the Institute, that each member of a Bureau is now left free to select his or her own topic upon which to prepare a paper for consideration at the meeting.

This change in the By-laws is likely to result in a greater variety and number of subjects to be considered, and in making the papers presented more expressive of the writer's own experience and matured thought, than has occurred under the plan in use heretofore, consequently bringing out more and better discussion, thus greatly increasing the interest of members, and also proportionately adding to the benefit of our Society and of the profession at large, as well as of mankind. We cannot have too much of the experience of observing, practical men and women who are devoting their energies and their lives in efforts to alleviate the sufferings to which their fellow-beings are heirs, and to save life, if possible, when assailed by disease.

At the coming session, definite and final action must be had preparatory to the International Homœopathic Congress, which should be of vital interest to all physicians of our school, more especially to those who are members of the American Institute of Homœopathy, whether of longer or shorter membership.

Various other matters of scientific and professional interest will probably come before the Institute for consideration; besides which there are indications that the social features of the coming session will be of a most attractive and enjoyable character.

I therefore, as the President of the organization, make an urgent appeal to all members of bureaus and committees to prepare their papers and reports as soon and as carefully as possible, and forward the titles of their papers to the General Secretary and to the Chairman of the appropriate Bureau, and also to be personally present at our meeting in Waukesha, prepared to take an active part in the discussions.

The General Secretary informs me that he has already received notice that the following papers are in course of preparation for presentation at the session, namely:

"The Clinical Use of Dioscorea Villosa, as illustrated by a Case in Practice," by C. E. Sanford, M.D.

"The Pathogenesis and Therapeutic Properties of Cactaceæ," by E. M. Hale, M.D.

"The Physiology of the Epiglottis," by Horace F. Ivins, M.D.

"The Management of Occipito-Posterior Positions," by Sheldon Leavitt, M.D.

"Hysterectomy," by J. M. Lee, M.D.

"Provings of Berberis Aquifolium" and "Notes upon Kali Phos," by William H. Leonard, M.D.

"The Orificial Philosophy; Its Sphere of Application in the Practice of General Surgery," by E. H. Pratt, M.D.

"Experience with the Cloth Tent as a Means of Intra-uterine Medication," by Willis Danforth, M.D.

"Facts and Suggestions Concerning the Physiology of the Middle Ear," by Pemberton Dudley, M.D.

"The School as an Agent for the Spread of a Knowledge of Hygiene and Sanitary Science," by L. Dennis, M.D.

"The Causes and Prevention of Blindness," by F. Park Lewis, M.D.

"Some Observations in Errors of Refraction," by G. C. McDermott, M.D.

"The Use of Bichromate of Potassium in the Treatment of Wounds," by Horace Packard, M.D.

"Obstetric Medication," by George B. Peck, M.D.

"The Surgical Treatment of Uterine Displacements," by L. A. Phillips, M.D.

"The Minimum of Interference in Labor," by R. N. Foster, M.D.

"Nitrate of Uranium in the Treatment of Acute Gastric Ulcer," by George E. Gorham, M.D.

"The Treatment of Melancholia, Dietetical and Therapeutical, together with Observations on the Benefits of Rest and Bathing in the Restoration of those Afflicted with Mental Depression," by Sheldon H. Talcott, M.D.

"Pathology of Melancholia," by A. P. Williamson, M.D.

"A Case of Hay Fever," by H. C. Allen, M.D.

"The Use of Homœopathic Remedies in Glaucoma," by H. H. Crippen, M. D.

"Sudden Death in the Puerperal State," by L. L. Danforth, M.D.

"Nephritis in Infants," by J. M. Schley, M.D.

"Experience with Kali Phos.," by Sarah N. Smith, M.D.

"Is the Disease known as Ichthyosis Incurable?" by Virginia T. Smith, M.D.

"Provings and Remarks upon Kali Phos.," by Edward Cranch, M.D.

"The Treatment of Hemiphlegia," by J. Martine Kershaw, M.D.

"Albuminuria; a Few Clinical Cases," by J. N. Eckel, M.D.

"Pure Air as a Prophylactic and Remedy in Consumption," by H. E. Beebe, M.D.

"The Rôle of the Sharp Curette," by O. S. Runnels, M.D.

"The Differential Diagnosis between the Phosphates," by S. Lilienthal, M.D. ("Finished and Ready for Delivery.")

"The Deliria of Melancholia," by S. Lilienthal, M.D.

Besides the above-mentioned, there are others who have signified their intention to contribute papers to the various Bureaus, and it is not unlikely that the list, when completed, will be much larger. But in the above list of thirty-two essays, every physician will be able to find something of special interest and profit to himself sufficient to make it a strong inducement for him to attend the session and take part in its deliberations. It is especially desirable that all those who joined the Institute last year should be present at the ensuing session, and participate in its business and discussions. I am quite sure the junior members would not willingly absent themselves if they could but realize how much their presence would encourage the older members, and how much it would increase the effectiveness of their labors.

The Secretary's Annual Circular, to be issued in May, will give full particulars concerning the programme and other details of the session.

ALFRED I. SAWYER, M.D.,
President.

The Institute Session of 1890.

To The Medical Era: As already announced by Circular to the members of the American Institute of Homœopathy, the next annual session of this body will be held at "Fountain Spring House," Waukesha, Wis., commencing at 7.30 P. M., Monday, June 16th, and closing on Friday, June 20th, 1890.

Waukesha—"The Saratoga of the West"—famous for its "Bethesda," "Silurian," "Fountain," "Clysmic" and other mineral springs, is a town of 6,000 inhabitants, situated about 100 miles north of Chicago, and 20 miles west of Milwaukee, and directly on important lines of railroad. The hotel in which the session will be held is an immense stone and brick structure, capable of accommodating 800 guests, and furnished with all the modern conveniences. It is situated in a beautiful park of 155 acres, laid out with drives, shaded walks, flower gardens, etc., while the town itself presents numerous attractions to visitors in search of either health or pleasure.

The Local Committee of Arrangements is making provision for the comfort and enjoyment of those who may attend the session, such as to render the occasion one of the most memorable in the Institute's history.

Under the new rule, the Bureaus will present a far greater variety of subjects for discussion than heretofore, and the papers will embrace more of the observation and experience of their writers. Important subjects of professional interest will be introduced and acted upon, and interesting reports will be presented by several committees.

Any paper, after being presented at the session, may be published in the journals at the discretion of its writer. With a view to such outside publication, writers are especially requested to have their papers prepared *in duplicate.*

Officers of homœopathic societies and institutions are urged to make prompt reports (on blanks which will shortly be sent to them) to the Bureau of Organization, Registration and Statistics. All hospitals and dispensaries, so reporting, will receive a pamphlet copy of the entire Statistical Report of the Institute.

It is desirable that the Institute should receive, this year, another large accession to its membership, particularly from the West and Northwest, in order to secure a more equal apportionment of membership as between the East and the West, and to augment the influence of our school in shaping legislation and defending the equal rights of homœopathists in public institutions, appointments, etc., it has been suggested that each state and local society should provide for a complete canvass of its membership in order to secure for itself a larger representation in the membership of the National Society. The initiation fee is $2.00, annual dues $5.00, entitling the member to the annual volume of transactions. Blank applications for membership can be obtained from the undersigned.

The Annual Circular, giving full details of the session, the programme, railroad fares, hotel rates, etc., will be issued in May. Any physician failing to receive a copy by May 25th, can obtain it on application to

PEMBERTON DUDLEY, General Secretary,
S. W. Cor. 15th & Master Sts., Philadelphia.

Alumni Reunion of Pulte Medical College.

The Alumni of Pulte Medical College held their annual banquet at the Gibson House, Cincinnati, March 10, 1890. The following programme will indicate the enjoyable nature of the occasion:

ORDER OF THE EVENING.

MUSIC.

TOASTMASTER, - - - - Prof. C. E. Walton.
WELCOME, - - - Dr. Willard F. Shepherd.

"A hundred thousand welcomes: I could weep,
And I could laugh; I am light and heavy;
Welcome.
A curse be at every root of his heart
That is not glad to see thee."—*Shakespeare.*

MENU.

ORATION, - - - - - - Dr. W. C. Niebling.
THE ALUMNI, - - - - - Dr. S. A. Hageman.

"The past and present here unite,
Beneath time's flowing tide,
Like foot prints hidden by a brook,
But seen on either side."—*Longfellow.*

THE BOYS, - - - - Prof. G. C. McDermott.

"Such a look . . . .
The mother ostrich fixes on her egg,
Till that intense affection
Kindles its light of life."—*Southey.*

THE TRUSTEES, - - - - - E. Cort Williams.

"We live in deeds."—*Bailey.*

THE CLASS OF '90, - - - - - C. F. Braden.

"In battle or business, whatever the game,
In law or in love, it is ever the same;
In the struggle for power, or the scramble for pelf,
Let this be your motto: Rely on yourself"—*Saxe.*

IS PHYSIC A FARCE, - - Prof. C. D. Crank.

"For physic and farces, his equal there scarce is,
His farces are physic, and his physic a farce is."
—*Garrick.*

FAREWELL—THE FACULTY, - Prof. J. D. Buck.

"By knowledge we do learn ourselves to know,
And what to man and what to God, we owe."
—*Spenser.*

MUSIC—FINALE.

Commencement of Chicago Homœopathic Medical College.

The commencement exercises of the Chicago Homœopathic College were held at the Chicago Opera House, March 18, 1890.

The house was filed with friends of the institution when the exercises opened with an overture by the orchestra. The Rev. J. Coleman Adams offered the invocation and the President, Dr. J. S. Mitchell, then made his annual report and conferred the degrees. The President's statement of the condition of the college was an encouraging one, showing an enrollment this year of 135 students, more than forty in excess of any previous year.

Dr. J. W. Streeter, the faculty valedictorian, made an address to the graduates full of advice and encouragement. W. E. Witter, the class valedictorian, spoke on the future of the profession.

Dr. Witter said that medical institutions as a rule have not occupied the position in public opinion which they have deserved, but that the future promises a better condition of affairs. In the absence of the Hon. J. S. Runnells, who was to have made the closing address, but was unexpectedly called away, the Rev. J. Coleman Adams closed the programme with a speech on the analogy between the clerical and medical professions, and the high duties and rewards of each.

The graduates were: W. H. Amerson, O. J. Aurand, R. H. Baker, C. S. Bellows, G. P. Brady, W. C. Cook, F. Guillaume, A. P. Hedges, J. A. Hemsteger, G. W. Hursch, C. C. Hutchinson, R. L. James, T. Lawton, J. F. Take, H. H. Townsend, and J. B. Williams, of Illinois; F. M. Bailey, of California; C. L. Bennett and C. C. Owen of Ohio; J. H. Carpenter and G. B. Hart, of Michigan; C. H. Fielding and R. M. I. Kinneau, of Canada; H. Lamb and S. M. Moon, of Pennsylvania; J. S. Nelson, H. A. Sumpmann, W. L. Winnard and N. E. Winnard, of Iowa; J. N. Ranger, New York; P. Taylor, Oregon; J. B. Westcott, Indiana, and W. E. Witter, of India.

The fourteenth annual dinner of the Chicago Homœopathic Medical College was given to the graduates at the Leland, 120 being seated at the table. The following toasts were responded to after the coffee and cigars: "Samuel Hahnemann," Dr. R. N. Tooker; "Cold Water," Dr. J. W. Streeter; "Our College," Dr. J. S. Mitchell; "Succession," Dr. A. W. Woodward; "Modern Surgery," Dr. E. H. Pratt; "Medical Finance," Dr. L. H. Grosvenor; "Our Alumni," Dr. W. F. Knoll; "The of Class '90," Dr. G. P. Brady.

Illinois Homœopathic Medical Association.

This Association will meet in its thirty-fifth annual session, in this City, May 13, 14, 15, 1890. Titles of papers should be sent to the respective chairmen without delay.

F. W. GORDON, M.D.,
T. E. ROBERTS, M.D., *President.*
Secretary:

Homœopathic Medical Society of the State of Michigan.

The Twenty-First Annual Session of The Homœopathic Medical Society of the State of Michigan will be held in Lansing, beginning Tuesday, May 20th, 1890.

You are cordially invited to be present. If you are not a member of the Society, send your name to the Secretary, and be prepared to join at this meeting. We need your membership, and you cannot afford to remain outside the Society. In order to prevent the passage of unfair and partisan laws, and to secure the passage of fair and equitable ones, as well as to get the fullest public recognition of our professional rights, we must co-operate through the medium of this Society. Every homœopathic practitioner in this State ought, therefore, to join with the Society in its efforts for the general welfare of the profession. The Secretary will send you blank applications for membership if you ask for them.

The complete programme, with the titles of papers, etc., will be sent to you on application to HAROLD WILSON, M. D., Gen. Sec'y, 88 Lafayette Avenue, Detroit.

Hahnemann Medical Association of Iowa.

The next session of the Hahnemann Medical Association of Iowa will be held at Sioux City, Iowa, May 21, 22, 23, 1890.

A. P. HANCHETT, M.D.,
Council Bluffs, Ia. *Secretary.*

State University of Iowa.

The thirteenth annual commencement of the Homœopathic Medical Department of the State University of Iowa was held at the Opera House, Iowa City, March 11th. Prof. A. C. Cowperthwaite delivered the annual address, his theme being "Fortune." Degrees were conferred upod a class of ten graduates.

THE ERA acknowledges with many thanks an invitation to be present on the occasion of the Thirtieth Annual Commencement Exercises of the Hahnemann Medical College and Hospital of Chicago, held Thursday, March 20th, 1890, at the Grand Opera House.

The report of the exercises has been received too late for insertion in this number.

BOOK REVIEWS.

THE NATIONAL MEDICAL DICTIONARY: Including English, French, German, Italian and Latin Technical Terms Used in Medicine and the Collateral Sciences, and a Series of Tables of Useful Data. By John S. Billings, A.M., M.D., Member of the National Academy of Sciences, Surgeon U. S. A., etc. With the collaboration of W. O. Atwater, M.D., Frank Baker, M.D., S. M. Burnett, M.D., W. T. Councilman, M.D., James M. Flint, M.D., J. A. Kidder, M.D., William Lee, M.D., C. S. Minot, M.D., H. C. Yarrow, M.D. In two Royal Octavo Volumes. Philadelphia: Lea Brothers & Company. 1890.

The appearance of this work is most timely. For years the profession may be said to have been without a suitable dictionary. The "National" comes to fill the place long vacant, and there is no reason why it should not now become the standard that "Dunglison" has been in the past.

A part of the first volume is devoted to a number or tables, including dosage, antidotes for poisoning, comparison of the old and new systems of numbering spectacle-lenses, dimensions of parts and organs of the human body, etc. Of those deserving special mention, the table by Prof. Atwater, on "Foods and Dietaries" is particularly good. It treats of the composition, digestibility and potential energy of food materials, functions of nutrients, dietary standard and actual dietaries. It shows much care in its preparation and an extensive reading for its statistics. Two colored charts impress the matter more forcibly through the visual sense. In a nutshell is thus presented much information of intrinsic worth.

Pronunciation is the bugbear of the medical profession. There are so many authorities for widely different accents and inflections in the use of the same words, that unless some standard of pronunciation of medical terms is adopted there will be a tendency more than ever to drift away from the correct. To obviate this evil the profession must universally adopt one author, and, since this work bears the name, why not make it The *National* Dictionary?

THE STUDENT'S SURGERY. A MULTUM IN PARVO. By Frederick James Grant, F. R. C. S., Senior Surgeon to the Royal Free Hospital. Philadelphia: Lea Brothers & Co. 1890.

This work was written on the line of giving a sound matter-of-fact knowledge of injuries and surgical diseases; knowledge divested of all the

ry. A mastery of the subject as given will epare the student to meet the ordinary final amination in surgery, including pathology. It esents the same order of arrangement, and ally is an epitome of the author's "Science and actice of Surgery." Thus it becomes the more uable as a handbook, and briefly gives the bstance of the larger works, which may be erred to as occasion demands.

It is complete, though brief, readable and suf-iently illustrated to make it of real value to th student and busy practitioner. The pub-hers have done credit to themselves, as they ually do, by making of the book a substantial, nvenient and attractive volume.

ACTICAL ELECTRICITY IN MEDICINE AND SURGERY. By G. A. Liebig, Jr., Ph.D., Assistant in Electricity, Johns Hopkins University; Lecturer on Medical Electricity, College of Physicians and Surgeons, Baltimore, etc., etc.; and George H. Rohe, M. D., Professor of Obstetrics and Hygiene, College of Physicians and Surgeons, Baltimore; Visiting Physician to Bay View and City Hospitals, etc., etc. Profusely illustrated. Philadelphia and London: F. A. Davis. 1890.

The fundamental principles involved in the plication of electricity to medical and surgical actice have been concisely set forth. The work free from unnecessary technicalities and com-nds itself to the practitioner because it is inently practical throughout. The subject of ctro-static machines, of primary and second-y batteries, of galvanometers, etc., has been ated at length, as well as the best arrange-nt of cells, etc.

In one part the applications of electricity in e treatment of disease are considered. Partic-ar attention has been given to the diseases of men, diseases of the skin, and diseases of the ale genito-urinary organs and the applicability electricity to their cure.

TREATISE ON MATERIA MEDICA, PHARMACOLOGY AND THERAPEUTICS. By John V. Shoemaker, A.M., M.D., Professor of Materia Medica, Pharmacology and Therapeutics in the Medico-Chirurgical College of Philadelphia; and John Aulde, M.D., Demonstrator of Clinical Medicine and of Physical Diagnosis in the Medico-Chirurgical College of Philadelphia. In two volumes. Philadelphia and London: F. A. Davis. 1889.

The work is exactly what its title indicates. aims to give the latest and most reliable facts ithin its jurisdiction. The first volume, the one efore us, is devoted to pharmacy, general phar-cology and therapeutics, and remedial agents [illegible]y classed with drugs. The style of writing is brief, crisp and simple, and the arrangement and mechanical part so constructed as to make the contents easily understood and remembered.

Besides giving the action of all drugs used today in old-school practice, space is devoted to the consideration of electrotherapy, metallotherapy, hydrotherapy, hypnotism, etc. The publisher has increased the value of the work by inserting blank pages, for notes of progress, at the end of each part.

The second volume will be forthcoming when the authors have again gone over the entire ground in the special department of drugs. The first volume, in cloth, sells for $2.50.

SPINAL CONCUSSION: SURGICALLY CONSIDERED AS A CAUSE OF SPINAL INJURY, AND NEUROLOGICALLY RESTRICTED TO A CERTAIN SYMPTOM GROUP, FOR WHICH IS SUGGESTED THE DESIGNATION ERICHSEN'S DISEASE, AS ONE FORM OF THE TRAUMATIC NEUROSES. By S. V. Clevenger, M.D., Consulting Physician Reese and Alexian Hospitals: Late Pathologist County Insane Asylum, Chicago, etc., etc. With thirty Wood-engravings. Philadelphia and London: F. A. Davis. 1889.

The scattered condition of the essays, and the amount of dust covering them from age, certainly calls for a new work on spinal concussion. The result shows a deal of research and knowledge of the question in hand. The author has carefully reviewed the entire subject, with reference to anatomical derangements that will best explain the symptoms. He claims originality for the view that the spinal sympathetic nervous system is the main seat of the disease, and that in consequence the cord functions are deranged.

The practitioner should be acquainted with the details of this disease because of the frequency of its discussion in a medico-legal way. The book deserves to meet with ready sale both for its subject matter and its attractiveness due to the publisher's art.

THE NEUROSES OF THE GENITO-URINARY SYSTEM IN THE MALE, WITH STERILITY AND IMPOTENCE. By Dr. R. Ultzmann, Professor of Genito-Urinary Diseases in the University of Vienna. Translated by Gardner W. Allen, M.D., Surgeon in the Genito-Urinary Department, Boston Dispensary. Philadelphia and London: F. A. Davis. 1889.

In this little volume we have an interesting and valuable addition to our knowledge. The translator has given us an excellent English version of two scholarly and important monographs. The style is graphic and entertaining, and is well suited to throw light on this difficult and refractory class of cases.

THE TWELVE TISSUE REMEDIES OF SCHUSSLER, COMPRISING THE THEORY, THERAPEUTICAL APPLICATION, MATERIA MEDICA, AND A COMPLETE REPERTORY OF THESE REMEDIES. Arranged and Compiled by William Boericke, M.D., Late Professor of Materia Medica and Therapeutics in the Hahnemann Hospital College of San Francisco; Editor of the California Homœopath, etc.; and Willis A. Dewey, M.D., Professor of Anatomy in the Hahnemann Hospital College of San Francisco; Late House-Surgeon at Wards Island Homœopathic Hospital, etc. Second Edition. Revised and Enlarged. Philadelphia: Hahnemann Publishing House. 1890.

This work is too well known from its first edition to require any introduction to the homœopathic profession. The present edition has been thoroughly revised and enlarged by the addition of all the facts relating to the Tissue Remedies that have accumulated for the past two years. To a large extent the clinical cases of the old edition have been omitted to make room for new ones. In this way the work is so much changed that even a possessor of the first will find no lack of new material to interest him in the last edition. The indications for the remedies, the applications to diseases, and last, but by no means least, the repertory, make this volume, if not a necessity, certainly a most valuable addition to any medical library.

We bespeak for the publishers, who have contributed much by the attractiveness of the mechanical portion, a ready sale for this excellent work.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETIES OF THE STATES OF NEW YORK, PENNSYLVANIA AND OHIO. 1889.

In no way can the work done for society meetings be better maintained at a high and excellent standard than by this very custom of publishing a report for each year. The fact that a paper is to be published and thus handed down to posterity is often incentive enough for even a busy doctor to take pains with his annual literary production. It is a lamentable fact that in most medical societies every string, to keep up interest, must be "pulled," and pulled *hard*, too. But the transactions before us show care and thought in the preparation of articles. As the time is approaching for this year's meetings, let us all do our share to make our respective "transactions" show still more application.

OPHTHALMOLOGY AND OPHTHALMOSCOPY FOR PRACTITIONERS AND STUDENTS OF MEDICINE. By Dr. Hermann Schmidt-Rimpler, Professor of Ophthalmology and Director of the Ophthalmological Clinic in Marbury. Translated from the third German revised edition. Edited by D. B. St. John Roosa, M.D., LL.D., Professor of Diseases of the Eye and Ear in the New York Post-Graduate Medical School; Surgeon to the Manhattan Eye and Ear Hospital. 183 Wood-cuts and Three Colored Plates. Pages 571. New York: William Wood & Company. 1889.

Dr. Schmidt-Rimpler's systematic treatise on ophthalmology and ophthalmoscopy is presented to American readers by Wm. Wood & Co., in a translation by Dr. Roosa, who has added numerous notes. The work promises to meet with as great favor here as it has received in Germany. The method of instruction which it follows is clear and systematic, making it readily available for the student and practitioner.

There are four "parts." The first part gives instruction in methods of examining the eye; the second treats of ophthalmoscopy; parts three and four give the ordinary diseases of the eye and its appendages, with their therapeutics and operative measures. The book fulfills its purpose in a most satisfactory manner.

OXYGEN AND OTHER GASES IN MEDICINE AND SURGERY. By J. N. Marquay, Surgeon to the Municipal Hospital, Paris, and of the Council of State; Member of the Imperial Society of Surgery, etc., etc. Translated, with Notes, Additions, and Omissions by Samuel S. Wallian, A.M., M.D., Member of the American Medical Association; Ex-President of the Medical Association of Northern New York, etc., etc. Illustrated with fine Wood-engravings. Philadelphia and London: F. A. Davis. 1889.

For two hundred years physiologists and chemists have studied the gases of the blood. The author enumerates the discoveries made in this direction, and afterwards exhaustively treats of oxygen, its physiological action, preparation, administration and application in medicine and surgery. He relates cases, from anæmia to syphilis, cured by the use of gases either applied externally or taken by inhalation.

We feel that the sphere of gases in therapeutics has been lauded too enthusiastically, yet there is much in the work to commend it to the wide-awake physician. The publisher has done his share to make it a readable volume.

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PERSONAL.

DR. O. E. PRATT has bought the Forest Avenue Sanitarium, of Ypsilanti, remodeled, enlarged and renovated it, and has opened it for the reception of patients.

DR. A. L. MONROE says that there are many promising fields for homœopathic physicians in Alabama, and that now is a favorable time for them to enter the state and start in practice. There are many new towns filled with northern people.

DR. CLIFFORD MITCHELL has devised a system of representing deviations in urine from normal averages by marking on a scale of 100, or by dividing urines into four classes, A, B, C and D. He takes the recent averages of Ivon-Berlioz for descending scales, and those of Parkes for ascending. He will shortly publish a pamphlet showing the clinical utility of his system.

THE old Kenosha Water Cure, recently destroyed by fire, will scarcely be missed, for the new building which Dr. Pennoyer is erecting is almost ready for occupancy.

A PASTEUR Institute has been opened at 178 W. Tenth street, New York, by Dr. Paul Gibier, a former assistant at *L'Institut Pasteur*, of Paris.

THE HOMŒOPATHIC ENVOY is the name of a sheet intended for distribution among the people. It is published by E. B. Anshutz, Philadelphia.

The March Century.—The most striking pictures which have appeared in the Joseph Jefferson Autobiography accompany the present instalment.

When Cowper wrote of the cup that cheers he had never heard of *W. Baker & Co.'s Breakfast Cocoa.* Tea cheers for the time being, but cocoa cheers one through life. There is nothing more refreshing or nothing upon which one can do a better day's work than W. Baker & Co's Breakfast Cocoa. It is absolutely pure and is soluble; no chemicals are used in its manufacture. Like all good things, it must be treated with proper consideration, and pains must be taken with the making. When it is made as it should be it is the most refreshing and delightful beverage in the world.

GROSS & DELBRIDGE'S PUBLICATIONS.

A TEXT BOOK OF GYNECOLOGY, designed for the Student and General Practitioner. By A. C. Cowperthwaite, M.D., Ph.D., LL.D., Prof. of Materia Medica and Diseases of Women in the Homœopathic Medical Department of the State University of Iowa; President of the American Institute of Homœopathy; author of "A Text-book of Materia Medica," "Insanity in its Medico legal Relations," etc., etc. Price, in cloth, $5.00; sheep, $6.00.

DISEASES AND INJURIES OF THE EYE. A Practical Treatise on the Medical and Surgical Treatment of the Diseases and Injuries of the Eye. By J. H. Buffum, M.D., O. et A. Chir.; Professor of Ophthalmology and Otology in the Chicago Homœopathic Medical College. 428 pages. Containing 150 wood engravings and 25 colored lithographs. Cloth, $4.50. Postage, 20c.

THE PHYSICIAN'S CHEMISTRY. By Clifford Mitchell, A.B., M.D., author of "Student's Manual of Urinary Analysis," "Clinical Significance of Urine," "Practitioner's Guide to Urinary Analysis." 1886. 31 pages. Price, $1.75. Postage, 10 cents.

HOW TO FEED THE SICK. By Charles Gatchell, M.D., author of "Key-Notes of Medical Practice," "Treatment of Cholera," "Haschisch," etc.; Attending Physician to Cook County Hospital. Third edition, enlarged. Cloth, $1.25. Postage, 8 cents.

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THEY SAY

That worry kills more than wars.

That the onion is a scentury plant.

That it's one out of a thousand—999.

That trusts are things that no one can trust.

That Lot's wife died of too much salt-rheum.

That nations move by cycles, and so do boys.

That whisky straight makes people walk crooked.

That the meanest people have the longest memories.

That the man with but one suit of clothes has no redress.

That a hen doesn't mean any harm when she lays for you.

That a fair exchange is no robbery unless it is a church fair.

That William Penn's handkerchief was a sort of a pen-wiper.

That everybody is patient with a man the first day he is sick.

That the books in the running brooks are completely ruined.

That if you can't have what you like, try to like what you have.

That every one who will stand it may expect to be imposed upon.

That the men who stand on their dignity often have very small feet.

That a man doesn't feel very much inflated when he has just been blown up.

That a genius is a man who compels himself to like the things he has to do.

That when two trains collide it is called a telescope, and not a collideoscope.

That drosera in mother-tincture will sometimes succeed when the potencies fail.

That if every one could have his own way the world wouldn't be worth living in.

That when other people suffer misfortune it is a punishment; when we do, it's ill luck.

That the Maharajah of Jaypore has ten wives, and he devotes seven hours a day to prayer.

That quadruplets occur only once in three hundred and seventy thousand pregnancies.

That photographic apparatus and outfits form part of the equipment of all London hospitals.

That a Mormon lecturer in Georgia received a regular ovation, but some of the ova were very stale

That some men are very free with their opinions, but a photographer won't give his views for nothing.

That no man in this world is so friendless that there isn't some one ready to tell him his faults.

That persistent cough may be due to disease producing irritation of the external aneditory meatus.

That the surgeons in the French army are forbidden to perform experiments in hypnotism on the soldiers.

That whisky is said to improve with age, but we regret that we cannot say as much for the man who drinks it.

That it is well for every man to know himself, but it is not necessary for him to be stuck-up over the acquaintance.

That if the sins of the fathers are visited upon the children, why shouldn't the virtues of the mothers also be transmitted ?

That a girl in Oregon wrote to Anna Dickinson wanting to know how to catch a husband, and Anna said the best way was by the hair.

That the average age of the decedents of the Massachusetts Medical Society for the year 1889 was sixty-eight and one-half years.

That an English syndicate is going to buy up all the soda fountains in this country, but we predict that it will result in a perfect fizzle.

That there are only half as many sheep in the country as there are hogs; this explains why it is often so hard to find a seat in a railroad car.

That the prize simpleton of the season is the young man who goes away for his health and spends the time smoking cigarettes.

That a recent writer says children should be taught to use their hands as well as their minds; guess he never saw a boy with his thumb to his nose and his fingers wriggling !

THE MEDICAL ERA

COMBINED WITH THE MEDICAL COUNSELOR. DEVOTED TO HOMŒOPATHY AND THE ALLIED SCIENCES

VOL. VIII. CHICAGO, MAY, 1890. No. 5.

EDITORS:

CH. GATCHELL, M.D.,

D. A. McLACHLAN, M.D.

This Association shall be styled the AMERICAN INSTITUTE OF HOMŒOPATHY, and *its object the improvement of homœopathic therapeutics and all other departments of medical science. — Constitution, Article I.*

THE AMERICAN INSTITUTE OF HOMŒOPATHY will meet at Waukesha, Wisconsin, twenty miles from Milwaukee, ninety miles from Chicago, June 16th, 1890.

HOMŒOPATHY versus ALLOPATHY.

We are glad to have people disagree with us. It enables us to make use of their protests to point a moral and adorn a tale.

No sooner have we replied to a correspondent who cries for "more homœopathy," than we feel a touch upon our other elbow, and, turning in that direction, another one says: "When you touch upon Homœopathy *versus* Allopathy, I am obliged to dissent."

Again we resort to our editorial function, and try to polish the glass through which this one sees dimly.

Our correspondent, who is a most valued personal friend, and who, for that reason, will accept what we say in a spirit of kindness, if not of conviction, writes:

> When you touch upon homœopathy *versus* allopathy, I am obliged to dissent . . . . . As our stock of positive knowledge increases there will be no room for two schools of medicine. . . . . When we think that the only rock on which it is possible for the profession to split is therapeutics, it seems absurd to elevate it to so high a position. Not denying for a moment the value of homœopathy, I maintain that the administration of remedies for their physiological action is sensible, and followed by good results, and a physician is not doing his duty who rejects it. I scan the teachings of the professors in our colleges, and I find that many resort to it. I find that there is more to the practice of medicine then the simple administration of medicine according to *similia*. The old school has made anatomy, physiology, pathology, diagnosis, and all branches save drug-proving, what they are. The more I see of what she has done in the way of therapeutics, the more I am convinced that she has not neglected that branch, either. Scarcely a week passes that I do not learn some valuable therapeutic method for which I am indebted to her.

This is our correspondent's letter. As candidly as he has expressed himself, as candidly we reply.

> When we think that the only rock on which it is possible for the profession to split is therapeutics, it seems absurd to elevate it to so high a position.

From this we dissent, most emphatically. Our correspondent treats this part of the subject too lightly. Therapeutics is the most important department of all; it is the key-stone of the medical arch; it is the one thing to which all others lead. It is not only *not* absurd to seem to elevate it to so high a position, but, in fact, we do not so elevate it — it occupies the position by virtue of its own intrinsic importance. At least this is true of homœopathy; it is not true of the old school, for they have no scientific basis upon which to found a system of therapeutics.

So certain are we that what we state is true, that we shall devote no more space to setting it forth. If our correspondent does not see the matter in this light on thus having it brought to his attention, we are convinced that he will be the only reader of the MEDICAL ERA whose vision in this respect is not clear.

Not denying for a moment the value of homœopathy, I maintain that the administration of remedies for their physiological action is sensible, and followed by good results.

This proposition we do not deny, and we never have done so. But we claim that it is only our correspondent's previous education and training in homœopathy that enables him to make an intelligent selection of the *best* and the *most harmless* of the so-called "physiological" remedies.

As a homœopath, understanding the action of drugs upon the human body as only a homœopath does, he is able to select from the great mass of allopathic practice a few of their best measures; these he holds up to view and exclaims, "Behold, how great is allopathy!"

Had our correspondent been educated in an allopathic college, and entered upon the practice of medicine equipped only with the knowledge of therapeutics possessed by the allopathic graduate, he would to-day be making use not alone of the few "physiological" remedies that he has judiciously selected from the allopathic mass, but, in addition, he would be dosing his patients with a lot of truck, prescribed according to the "law" of tradition, of empiricism, or of the "latest fashion," having no relation whatever to the disease process. In support of what we say, we refer him to pages 5 and 6 of the MEDICAL ERA for January, 1890. The prescriptions there reproduced were made by the shining lights of the allopathic school, and there is not a prescription in the entire lot that reflects any credit upon the therapeutic knowledge of the one who made it, and not one of which any homœopath, if made by himself, should not be ashamed.

We claim that it is our correspondent's knowledge of *homœopathy* that enables him to improve upon the therapeutic methods of the most eminent of the allopathic school, and it is by virtue of his knowledge of *homœopathy* that he is enabled to select a few, a *very* few, of the best and most useful "physiological" methods of the old school.

We do not criticize him for making use of these measures; we only congratulate him on his having acquired a knowledge of homœopathy, which enables him to use a discriminating judgment in selecting the best, and in rejecting that far larger part which makes up the great mass of allopathic practice.

The old school has made anatomy, physiology, pathology, diagnosis, and all branches save drug-proving, what they are.

True! All—"*save* drug-proving." But that is enough. He who asks more is unreasonable. We draw attention to the fact that homœopathy had its origin in Germany; that, so far as possible, the life was immediately crushed out of it in Germany, and yet it is Germany that has furnished the greater part of these homœopathic drug-provings.

What more does our correspondent ask or expect?

Does he point us to America, where homœopaths are more numerous?

Good! But we have no apologies to make for our school in America. We, in turn, simply ask our correspondent to point out the contributions to anatomy, histology, physiology, pathology and diagnosis made by the *old school in America*. It will trouble him to do so. These, also, in great part, have come from Germany. When PROF. WM. H. WELCH, of Johns Hopkins, was in Germany, PROF. CONHEIM asked him—"Where are the young American graduates who come to our country for study? While here they show a remarkable aptitude, and are in every way the equal of our own students, but after they return home we never hear of them again. What becomes of them?" PROF. WELCH replied that in America the practice of medicine is a matter of bread-and-butter. All these young physicians are soon engaged in active practice, and there are no institutions endowed by government here, as in Germany, to select the young men who show promise, and give them an opportunity to devote their lives to science.

We repeat this in order to indicate to our correspondent that he is slightly unreasonable. While the twelve thousand homœopathic physicians in America cannot point with pride to any noteworthy contributions that they have made to the special departments of medical

science above named, yet upon comparing our record with that of the ninety thousand allopaths, there is nothing for which we wish to apologize.

Scarcely a week passes that I do not learn some valuable therapeutic method for which I am indebted to [the old school].

We intend taking our correspondent at his word. We know how many years he has been in practice. We will give him the benefit of his last four years, and we hereby call upon him to furnish to the readers of the ERA an account of the "valuable therapeutic methods" that he obtains from the old school almost every week. We will do better: we ask him to give one such method for each two weeks of the past four years. The columns of the ERA are open to him.

If he accepts our offer he will show himself to be possessed of greater resources than did the editor of the *New York Medical Times* under similar circumstances. This editor was making a terrible ado about the conduct of those who were so hide-bound as not to venture outside of *similia*. A correspondent wrote to the editor asking him to give in detail the valuable non-homœopathic methods of cure to which he referred. It required but a few pages for the editor to give the whole thing, and a more dismal failure we never witnessed. It was not worthy of the fuss that had been made over it. It was the "littlest ear to come out of so big a shuck," that we ever saw.

The sum of the whole matter is here:

In the entire world there are no more than thirteen thousand homœopathic physicians, who have had a struggle for existence during the life of our school.

In the entire world there are more than two hundred thousand old school physicians, with all the power and prestige belonging to centuries of existence.

To expect as much of the one as of the other, in any respect save the one in which we do excel, is both unreasonable and absurd.

But, if those who appreciate the importance of the matter will remain loyal to the homœopathic organization, and earnest in the further development of our system of therapeutics, we shall yet accomplish that which is our plain duty—we shall cause homœopathy to be accepted and recognized by countless thousands of physicians who are now ignorant of its virtues and hostile to its name.

We consider this object to be worthy the best energies of any friend of humanity. We know of but one way in which to accomplish it—to pursue the same course that has brought us to our present position.

ROCHESTER HOMŒOPATHIC HOSPITAL.

We have published the report of the founding of this Hospital for a reason and a purpose.

Our reason is that the institution named is doing an excellent work for homœopathy, and, for its own sake, is well worthy all the aid that can be given it by the large part of the profession in the East reached by the MEDICAL ERA.

Our purpose is to give to the profession of other cities the lesson which this interesting account teaches. What has been done in Rochester can be done elsewhere. Beginning with nothing but faith and energy and friends, the physicians of Rochester have produced tangible results that must be of great benefit to every homœopathic physician of the city, and to the sick who will enjoy the advantages of the Hospital.

Why should not other places emulate Rochester's example?

IT IS fortunate that these old "systems" of medicine and the wild speculations that accompanied them have nearly all disappeared. One "system" still encumbers the onward march of the medical sciences; I refer to homœopathy. It is indeed strange that this system of dogmas and sterile doctrines is still suffered to exist, and even to flourish. Yet, if we may correctly judge the future from the past, the fate of this system is inevitable; the same factors that eradicated the others will be likely, in due course of time, to consign this one to oblivion.—*Dr. Henry S. Stark, in N. Y. Med. Journal.*

Here is a prominent allopath who would like to see homœopathy "consigned to oblivion" because it is a "system of dogmas and sterile doctrines." Still others are laboring for its disintegration because it has a Name.

It is a hard matter to please all parties. Suppose we cease trying?

ORIGINAL ARTICLES.

HOMŒOPATHY—ITS SPHERE DEFINED.

By CHAS. S. MACK, M.D.,

ANN ARBOR.

[This address was delivered in response to an invitation from some students in the Department of Medicine and Surgery (non-homœopathic) of the University of Michigan. The questions were asked by them.]

I. *DO you believe in trying to ascertain the causation of disease and in using the knowledge thus gained as a basis for treatment?*

Any cause knowable to inductive science, otherwise than in effects, is proximate: this is true whether we speak of causes of disease or causes of any other phenomenon. I believe in searching out and avoiding or removing proximate causes of disease by any means not harmful to patients.

Proximate causes of disease are various, but there is one factor constant in the production of those effects in which alone (aside from proximate causes) disease is knowable to inductive science: that one constant factor is life. I shall, for our purposes this evening, use the word *cure* as applicable only where, as a direct result of the medicine used, abnormal vital processes become normal. Any measure, then, which directly deals with proximate causes of disease fails of being curative. We homœopathists believe it is futile to attempt to learn all about disease—its prime cause, all the detailed effects of that cause, and all about the power by reason of which this cause leads to these effects. We therefore believe that it is futile to attempt to cure, excepting under guidance of law.

To some of you it may at first seem unjustifiable to limit the meaning of *cure*, as for present purposes, I have just done. Words are means by which to express ideas; and it is impossible intelligently to discuss various principles upon which practice may be based, if we use, without definition, the same word to express results of no treatment, of harmful treatment, of practice based upon one principle, and practice based upon another principle. The cure at which homœopathic treatment aims is entirely distinct from the results at which, for instance, hygienic treatment aims, and in discussing homœopathy the only practicable way is either to limit the meaning of *cure*, or else introduce some entirely new word to express the cure of which homœopathy speaks. My impression is that the idea *cure*, as held by homœopathists, is repudiated by many if not all the practitioners of medicine who are not homœopathists.

2. *Do you believe that practice based on any other principle than* SIMILIA SIMILIBUS CURANTUR *ever cured disease?*

I think you will be more apt to understand homœopathy if you fix in your minds the idea that homœopathic treatment is invariably and essentially treatment of a *patient*, and aims at the cure of the *patient*. It is with a definite, and, I believe, correct idea that many homœopathists object to expressions such as *cure disease, treat disease homœopathically, etc.*

That various practices based on principles other than *similia* may be useful I have no question. Bear in mind the meaning with which we are using *cure*, and you may understand me when I say that I do not believe any practice not homœopathic ever cured a patient.

3. *If disease is to be treated symptomatically, why should the physician trouble himself to learn about physiology, chemistry, urinalysis and kindred sciences?*

Permit me, before discussing this question, to amend it so that it shall read, *If patients are to be treated symptomatically, etc.* If by *symptomatically* is implied that among disease effects and drug effects subjective symptoms only are admissible as indications for a homœopathic remedy, I say that I do not believe in this restriction. I believe that any unmodified disease effect (subjective or objective), or any unmodified dynamic drug effect (subjective or objective) may properly find place among indications for a curative remedy.

In answering this question I shall assume that by *physiology* you mean the inductive science of normal vital processes as known in their proximate causes and in effects, and that by *pathology* you mean the inductive science of abnormal vital processes as known in their proximate causes and in effects.* Now, the only possible way of recognizing, as abnormal, disease effects (subjective or objective) or modified dynamic drug effects (subjective or objective) is by comparison with the effects of normal vital processes. Not only is a knowledge of physiology and pathology essential to the practice of homœopathy at any given time, but endless advancement in those sciences is among the essentials to endless advancement in the art of practicing homœopathy. Nothing could be more erroneous than the notion that to practice homœopathy is to ignore science: nothing could be more correct than the view that the practice of medicine should be regarded not as an *inductive science*, but as an *art* based upon sciences.

* See T. Henry Green's *An Introduction to Pathology and Morbid Anatomy*. Fourth American edition, p. 17.

As regards the sciences *chemistry* and *urinalysis*, I would say that only through them can we become acquainted with some disease effects, and with some unmodified dynamic drug effects, which disease effects and drug effects may be of the utmost value among indications for a homœopathic remedy. To illustrate: albumin and casts in the urine are among unmodified dynamic effects of many a drug. The science of *chemistry* is not only essential to the ascertainment of various disease effects and unmodified dynamic drug effects in tissues, secretions and excretions, but may acquaint us with various facts upon which useful, non-curative treatment may be based.

4. *Would not the perfect homœopathic medicine be such a one as would produce* ALL *the symptoms in the disease for which it is given?*

The word *like* is not synonymous with the word *identical*. Homœopathy is not isopathy. Let me amend your question so that it shall read—*Would not the perfect homœopathic medicine be such a one as would produce effects similar to* ALL *those of the disease by which it is indicated?* An ideal homœopathic medicine would produce effects similar to *all* those of the disease by which it is indicated. Remember, however, that *similar* is a comparable adjective, and that a drug may be more or less curative in proportion as it is (in unmodified dynamic effects) more or less similar to a disease. In selecting a similar it is customary to consider similarity between the total disease effects and the total drug effects, but to accord special weight to unusual similarity between individual disease effects and individual drug effects.

Either your phrase, *the perfect homœopathic medicine*, or my phrase *an ideal homœopathic medicine* may serve as occasion for the following remark: In any given case no medicine could be so homœopathic that one more homœopathic was not predicable, which fact is essential to the belief that the art of practicing homœopathy is capable of endless development.

5. *Do you aim to give, according to this principle, medicines which* DO *produce in the healthy person the same pathological conditions as are present in the disease?*

As I have just said, *like* is not *identical*, homœopathy is not isopathy. I, therefore, amend your question so that it shall read—*Do you aim to give, according to this principle, medicines which* DO *produce in the healthy person pathological conditions similar to those produced by disease?* A homœopathic medicine is one which, taken in health, does or *would* produce pathological conditions (subjective or objective) similar to those produced by the disease present. I say "does or *would*." There is no trouble whatever about inducing in perfectly harmless provings a multitude of definite drug effects; but we cannot, of course, seriously or fatally poison human beings for the sake of learning a drug's pathogenetic effects. Very many of the most marked unmodified dynamic drug effects in human beings either objective (as tissue changes in the viscera) or subjective are known to us only from criminal poisonings, or from accidental poisonings, or from those cases in which poisons, when used as medicines, have produced serious (sometimes fatal) consequences. There is on record, aside from what we technically call *provings*, a vast deal regarding the most extreme subjective and objective pathogenetic effects of drugs in human beings. From what is known of comparative drug pathogenesy we may sometimes, with considerable confidence, infer from experiments upon the lower animals what would be in human beings effects which we are not justified in producing in them by one or another drug. Effects thus inferred may be accorded a provisional place among indications for a homœopathic remedy in practice upon human beings.

6. *Does the Homœopath of the present day practice according to the principles laid down by Hahnemann in his Organon?*

7. *If not, why not?*

8. *If not, in what respects have the principles changed, and why have they so changed?*

These three questions I shall consider together, beginning with the remark that principles *never* change. It is quite possible that Hahnemann regarded as principles certain things which are *not* principles. Of various principles there is but one which is to-day recognized by all homœopathists, and is, likewise, distinctive of homœopathy; that principle is what the word *homœopathy* implies, viz.: *similia similibus curantur*. In accepting that principle homœopathists are at one: regarding various other matters they are not at one. Conspicuous among the questions upon which homœopathists differ among themselves is that of dosage. I think that the opinion of most homœopathists to-day is that dosage in homœopathy is still a matter of experience only. An idea which some homœopathists have expressed is that there is a still undiscovered law of dosage. This idea strikes me as reasonable: indeed, would it not be unreasonable to believe that there is not and essentially cannot be a law of dosage?

9. *Do you believe that the power of a medicine to modify disease lies in its chemical affinities, or is it due to some power which uses the medicine as a vehicle?*

Chemical affinities are not matter: *they* use matter as a vehicle. So of physical properties

—so of dynamic properties: none of these properties is matter—each of these properties uses matter as a vehicle. A medicine may be used for the sake of its physical properties (e. g. demulcent drinks), or for the sake of its chemical properties (e. g. acids or alkalies to render more or less acid a gastric juice which, as an effect of disease, is not acid enough, or is too acid), or for the sake of its dynamic properties. Dynamic properties in a drug are those which render it a direct modifier of the *quality* of vital processes. Please understand the force of the word *quality* in this definition: I shall illustrate by what I suppose is true of the effects upon an adult's heart of, on the one hand, half an ounce of brandy—and, on the other hand, ten drops of the tincture of digitalis. The brandy would simply increase the *force* of the heart's action: if the *quality* of that action had previously been normal, it would still be normal; if the *quality* had been abnormal, it would still be abnormal. The digitalis would modify not only the *force*, but also the *quality* of the heart's action.

The reason why we homœopathists talk so much about the dynamic power of drugs is that we believe that a drug can be curative only by reason of its dynamic properties. Homœopathy does not speak of drugs otherwise than as dynamic agents.

10. *Do you believe that trituration adds any power to a medicine other than to make it more quickly and easily assimilated?*

I rather think that trituration affects a drug (as a dynamic agent) merely by subdividing particles, and thus putting them into a condition in which their dynamic properties are more effective. I question, by the way, whether a medicine, in inducing its dynamic effects, is assimilated.

11. *Supposing that some definite chemical poison were proven to be the cause of an acute disease, would you (a) still treat the disease symptomatically, or would you (b) try to find and use a chemical antidote?*

Curative treatment is invariably a treatment of the patient with a remedy homœopathic to disease as manifested in him. A knowledge of proximate causes of disease finds no place whatever among indications for a curative remedy. If I proposed to cure a patient in the circumstances supposed, I should treat him with the medicine which seemed most homœopathic to disease as manifested in him. Now, aside from curative treatment, if I definitely knew that a chemical poison were the proximate cause of his disease—if, too, I accurately knew the chemistry of that poison, and accurately knew a chemical antidote—and if, moreover, I knew that the chemical antidote would be harmless to my patient, I should have no objection to trying such antidote. Successful treatment with that antidote would not be curative.

I take it, this present question is asked in view of the theory—perhaps we could safely say FACT—that in some instances disease is due to bacteria and ptomaines as proximate causes. I understand that those who have most studied this particular subject regard as unpromising any attempt to kill bacteria or to chemically antidote ptomaines, by introducing germicides or drugs into the patient's blood, without harming the patient. I am not much drawn toward schemes for chemically antidoting chemical poisons in the circulating blood or other living tissue of the body by internal administration of medicines, but I shall be glad if those who are so drawn shall in the future have developed some useful practice.

12. *Do you think that a medicine can act as a chemical antidote when given in the third dilution on a scale of X, when the poison has been sufficient to produce symptoms such as are found in the severer forms of scarlet fever, small-pox, and septicæmia?*

As a chemical agent, the force of one drug in its third decimal dilution might differ greatly from the force of another drug in its third decimal dilution.

Upon inquiry I learn that this question is asked in view of ptomaines. To confidently and finally answer to it either *yes* or *no*, with a view, among other things, to the patient's safety, would imply a greater knowledge than I possess (and, I think, than anyone possesses) of various sciences. This question, by the way, has nothing whatever to do with the subject of homœopathy.

Your allusions to "the germ theory of disease" suggest the following: I think we should be safe in concluding that germ-killing by internal administration of germicides could never rank very high among arts. Supposing that there is ahead of us the discovery of a germicide with which it will be possible and practicable to, for instance, by internal administration, kill typhoid germs: what are we to do for our patients meantime? Furthermore, it is supposable that, when such a germicide has become known, the art (so far as concerns typhoid fever) should be perfect. One reason for my belief that the practice of homœopathy will forever rank very high among the arts is, that it recognizes a constant law under which a remedy may be more or less curative, and under which the art is capable of endless development; for in

no case could a medicine be so homœopathic that one more homœopathic was not predicable.

13. *In your provings do you refer to the symptoms produced by dilutions, moderate sized, or decidedly toxic doses?*

Proving is used by homœopathists as the technical name for an experiment in which dynamic poison is given to a human being in health, to ascertain what are unmodified dynamic effects of that poison: obviously such experimentation can be practiced only within limits. As I have already said, there is on record a vast deal regarding unmodified dynamic effects in human beings of poisons taken in such quantities as to induce alarming or fatal effects. I believe it is proper that any unmodified dynamic effect producible by a poison in human beings should have a place in the Materia Medica Pura, and should have due weight as an indication for the use of that poison as curative. The development of the science of Materia Medica Pura is a work in which homœopathists are greatly interested, and of the work which is being done in this direction I cannot afford you a better illustration than exists in "A Cyclopædia of Drug Pathogenesy" which is being issued "under the auspices of the British Homœopathic Society and the American Institute of Homœopathy." The prime purpose in this cyclopædia is to collate from whatever source (whether from provings or from cases of serious or fatal poisoning) trustworthy evidence regarding the unmodified dynamic effects producible by drugs in human beings. I regard this publication as of great value, and should be pleased to have you examine the eleven parts, which are all that have up to date appeared, and which I have brought with me this evening.

14. *Do you believe that certain drugs have a more potent action upon disease (functional or structural) affecting one side of the body than upon the other side?*

If so, how do you explain the belief that medicines, entering the system through the same channels, passing into the circulation have the power to select the right or the left side of the body (as the case may be)?

Let me preface my answer to this question by remarking that whether a drug may affect one side, rather than the other, of the body is a question regarding the science of drug pathogenesy, and is entirely aside from the question whether *similia similibus curantur* is the law of cure.

From the form in which these two questions are put I infer that they are asked by one who thinks there is *a priori* reason for believing that a drug's dynamic effects cannot be evidenced in one side, rather than in the other, of the body. Why should they not? Of food which enters the stomach, why does one particle go to the bones, another to the muscles, another to the nerves, another to the hair, etc.?—I do not know in detail; nor does any man. Why are conspicuous dynamic effects of one drug manifested in bones, and those of another in nerves — those of another in the kidneys, and those of still another in the lungs? Again: I do not know in detail. That the functions of one side of the body are not identical with those of the other side may, I suppose, be taken as proved. Why are most people right-handed? You may think that they are so simply as a result of chance causes:—I suspect that there is some definite reason, and that right-handedness is not a result of essentially unreasonable chance. Do you think there is any *a priori* ground for concluding that the center for one function may not be in one hemisphere of the cerebrum, and the center for another function in the other hemisphere? Is Broca's center always on the left side? The foregoing may raise in your minds a doubt as to whether there is any *a priori* reason whatever for assuming that a dynamic poison may not affect one side, rather than the other, of the body. Let us, then, regard the question *whether a drug may affect one side, rather than the other, of the body*, as merely a question of *fact*; and to determine this question of fact I know of no way more promising than to consider the evidence already on record, and to further experiment with drugs upon living beings in health with a view to observing what, as matter of fact, are unmodified dynamic effects producible by drugs.

A fact which I regard as conclusive argument that cannot be intelligently effected unless under guidance of law is, that, excepting in proximate causes, inductive science can know drugs, as dynamic agents, or disease only in *effects*; this, though disease effects may be proximate causes of other disease effects. To the question: *if a drug's dynamic effects may be manifested on one side, rather than on the other, of the body, how do you explain the fact?* I should reply: I do not explain it.

15. *If you gave quinine in malarial fever, in what doses would you give it? Do you give any form of mercury in syphilis? What symptoms call for its use according to the principles of* SIMILIA SIMILIBUS CURANTUR?

If a homœopathist concludes on purely *a posteriori* grounds (as I do not) that quinine is of benefit to all malarial patients, he is entirely at liberty to give quinine empirically to such patient in

whatever doses he thinks experience has shown most useful. Aside from his purely empirical practice, a homœopathist may give quinine to a malarial patient in the hope of killing germs in the circulating blood.* Again: a homœopathist may give quinine to a malarial patient in the hope of supplying to the tissues a substance which was present in them in health, but is absent from them under the influence of malaria.† Still again: there are, I believe, some homœopathists who regard cinchona (or quinine) as homœopathic to malarial fever in its commonest manifestations. I have never yet seen what seemed to me satisfactory evidence that this last view is correct. If I were giving quinine to a malarial adult, I should be apt to begin with the first centesimal trituration, and to at least avoid inducing extreme pathogenetic effects of the drug: I wish I could answer your present question with more precision.

You ask, *do you give any form of mercury in syphilis?* I should very cordially disapprove of a routine practice of giving to all syphilitic patients mercury in amounts sufficient to induce extreme pathogenetic effects, but I agree with those who believe that to syphilis, in many of its manifestations, mercury (either the metal itself or various of its salts) is more or less homœopathic. Among disease effects by which it may be indicated as homœopathic to syphilis, I mention general cachexia, with abortions or premature births, swelling and inflammation of lymphatic glands or of periosteum and bones, some cutaneous eruptions and falling of the hair. Regarding similar effects from mercury, which are markedly induced among those constantly exposed to mercurial vapors (as are those engaged in various arts, or dwelling in the neighborhood of factories from which mercurial vapors are emitted), there is considerable record of such effects. I know of none better than that contained in Stillé's Therapeutics and Materia Medica.‡ Read all that Stillé says regarding the pathogenetic effects of mercury, and you will find your present question pretty well answered. From what he says I quote: "It has long been a question, and one not yet fully determined, how far mercury may operate to produce disease of the bones. The tendency of syphilis to develop these affections is well known, and also the great frequency of their occurrence in syphilitic cases treated by mercury, yet it is certain that they sometimes follow the administration of this medicine in cases wholly free from a syphilitic taint. Mercurial nodes, it is said, precede the ulcers, and the destruction of tissue proceeds from without inwards. They most frequently are seated in the spongy bones of the base of the cranium, or in the ends of the long bones."—*Canstatt.*

"Mr. Spence reports the case of an old woman who had never been affected with syphilis, but had taken large quantities of mercury. After suffering from pains in the head, ulceration began in the soft parts over the os frontis, involving the bone and dura mater, and ultimately exposing the brain. After death an abscess was found in the substance of the brain." The following is from S. O. L. Potter's *Materia Medica, Pharmacology and Therapeutics*, p. 220: "Indeed, as Dr. Ringer said in the earlier editions of his *Handbook of Therapeutics*, the phenomena produced by mercury are singularly similar to those which will result from syphilis, and the serious symptoms known as secondary and tertiary syphilis can be produced both by syphilis and by mercury." Wharton and Stillé, in their work on medical jurisprudence,* cite authority for the statement that "Syphilis alone can be confounded with chronic mercurial poisoning." My impression is that not only in various books on Materia Medica, but also in periodical medical literature, you may find, both from homœopathists and non-homœopathists, a good deal regarding the similarity between effects of syphilis and unmodified dynamic effects of mercury in human beings.

16. *If you do not give mercury in syphilis, do you give minerals in any disease? Do you give opium in any form?*

There are many metals which are dynamic poisons, and which have been conspicuously used in homœopathic practice ever since homœopathy became known.

Opium in various dilutions is much used in homœopathy, where disease effects are more or less similar to unmodified dynamic effects producible by opium in human beings.

Aside from homœopathy and from curative treatment, opium may be used as an anodyne, *i. e.*, to benumb a patient, and render him insensible to pain, without regard to what is the proximate cause of a given pain, or to what part of the body is affected. You sometimes may, by inducing in your patient more or less insensibility as a pathogenetic effect of opium (or morphine), render him insensible to pain. This pathogenetic

* Biddle's Materia Medica and Therapeutics, Eleventh Edition, p. 148.

† H. C. Wood's Therapeutics, Materia Medica and Toxicology, Third Edition, p. 75.

‡ Fourth Edition, Vol. II.

* Fourth Edition, Vol. II., p. 210.

effect of opium may be precisely the same in a person diseased as in a person well, and to induce this effect in a patient is to poison him to some degree. I believe it is sometimes useful cautiously and within bounds thus to introduce in a patient a greater or less degree of insensibility with opium or morphine; but I need not tell you that when the immediate object of our practice is to poison a patient to some degree, we should be exceedingly careful not to harm him.

17. *What relation do you think that homœopathy as practiced at present bears to the so-called old school practice?*

My belief is that *similia similibus curantur* is a law of nature; and I propose to answer this question from my standpoint in that belief. As I remarked earlier in the evening, principles never change. Do not suppose that homœopathists regard *similia similibus curantur* as a thing invented by Hahnemann or some other man: No, we regard it as a law of nature — a principle true in the very nature of things, and discovered, not invented, by man. The practice of homœopathy, at any given time, is the use of medicine under guidance of *similia*, and at no time can that practice (unless incidentally) bear any relation whatever to any practice with medicines to which *similia* has not been the guide.

One may frequently be asked: Don't you think that the two schools are coming nearer together? That to-day homœopathists are, more than formerly, following various lines of practice which are distinctly *not homœopathic*, and that the so-called old school has discontinued much of its harmful practice, and is in some instances *empirically* using medicines which are somewhat homœopathic, is true; but these resemblances are all on the surface of things, whereas the essential of homœopathy (*similia* as law) is not on the surface; and it does not occur to me what could be adduced as evidence that the so-called old school as a body is in the least disposed to admit even that perhaps *similia's* claim is just.

Each of you may have heard from one or another so-called old school physician an expression of the opinion that there should be no distinct bodies in medicine — that all properly qualified physicians should belong to one body and fraternize in societies. Such expressions on the part of individuals are, I think, interesting and significant; but there can be no live question regarding fellowship of homœopathists and the so-called old school in a common society so long as the so-called old school as a body is unwilling to fraternize with any man until he shall have pledged himself with his signature or by word of mouth that he does not believe in or intend to practice homœopathy, or shall have pledged something to that effect. Membership in a society cannot make or unmake a homœopathist, and I take it that no kind of co-operation between the two bodies can obtain without provision for absolute independence, or at least freedom in all thought and all work relating to the principle *similia*. If I correctly understand the existing condition of things, the so-called old school as a body has constituted itself an agent exceedingly powerful for the crushing-out of homœopathy and for obstruction to its progress, and is ever on the alert to accomplish this work through legislation, through the press and through the influence of its individual members. I raise no question but that the so-called old school is proceeding in this matter in the belief that the measures it adopts are calculated to subserve the best interests of mankind, and of the medical profession; but I hold that so long as this condition shall obtain, the struggling and fighting days of homœopathy will not have passed. It may be presumed that the so-called old school as a body will make the fact known, if it shall at any time have come to pass that they want the co-operation of homœopathists in matters aside from homœopathy.

From some of your questions I infer that perhaps each of you might say what one or another of you has said to me regarding himself, viz.: that he has not given any particular attention to the subject of homœopathy, and feels that really he does not know much about it. If you do not know much about homœopathy, the fact is not surprising; nor would I allude to it in any reproachful way: your thought and studies have lain in other directions, and I am exceedingly glad that you have in the subject of homœopathy an interest such as the circumstances of my presence with you this evening imply. The bearing of this paragraph is upon what may still be a question in your minds, viz.: whether, in the present state of opinion regarding homœopathy, it is wise to exact as prerequisite to admission into societies intended not only for physicians of age and experience, but also for physicians who have just received their degrees, any pledge or promise which could embarrass one in determining his attitude toward homœopathy.

If you are in the habit of thinking that homœopathists are exclusive, and that the so-called old school is not, please consider whether your views upon this point should be revised, or perhaps abandoned and replaced by different views.

I do not know that in the whole controversy over homœopathy there has developed anything more remarkable than the proposition that homœopathists should retain the idea *homœopathy*, but annihilate the word *homœopathist*.

In an address before the Rhode Island Medical Society, in 1886, upon "The Past, Present and Future Treatment of Homœopathy, Eclecticism, and Kindred Delusions which may hereafter arise in the Medical Profession," Dr. Henry I. Bowditch said: "Let members of either of these sects join our State Societies, provided they prove to the State Examiners or Censors that they have studied medicine a proper length of time, and are able to pass the examination required of all applicants for admission, and provided, moreover, they agree to cease to call themselves by any peculiar name because they desire to enroll themselves as members of our time-honored profession." I cannot think that the least improvement upon the present state of affairs would be effected by an agreement among homœopathists not to call themselves homœopathists: indeed, with all due respect to those who think otherwise, I think that the proposition is absurd. Would a free-trader become any the less a free-trader through simply an agreement on the part of all free-traders not to use the word *free-trader*? Certainly not. The words *homœopathy*, *homœopathic*, *homœopathist* (or *homœopath*) occur, as matter of course, in Dr. Bowditch's address and in your questions to me. To abolish any one of these words, were such a thing possible, would, to say the least, seriously embarrass both homœopathists and the so-called old school in advocating their respective views regarding the claim of *similia*. To me it seems probable that the name *homœopathist* will distinguish those who believe in *similia* from those who do not, until a time when *similia* is generally recognized, and when physicians are, as matter of course, homœopathists: after such time the word *homœopathist* would perhaps be superfluous.

How much does the so-called old school practice of to-day resemble homœopathy? I do not propose telling you that the so-called old school practitioners sometimes with ipecac relieve a patient of vomiting, and sometimes with jaborandi relieve him of sweating, or to search out various instances in which they use medicines which are more or less homœopathic. What I do propose telling you is that, so far as I am aware, such practices in the so-called old school are purely and simply *empirical*, and in no recognition whatever of *similia*. Farquharson says of ipecacuanha: "A most remarkable fact in the action of this drug is its power, when given in small doses, of checking *vomiting*. . . . . At present this must be looked upon as one of the enigmas of therapeutics."* Would it not be reasonable to let *similia* play some part in the solution of this particular enigma? I could easily construct from writings on therapy by Brunton, Ringer, Bartholow and various representative men in the so-called old school many an enigma to which *similia* would seem a more or less satisfactory answer; but I do not know from what man in the so-called old school I could cite an intimation that perhaps *similia* is what we homœopathists believe it to be, viz.: the only possible law of cure — a law to which should be accorded a place of command — a law which can point out the way of progress in curative medicine. You may frequently hear that there are various laws of "cure" — that *similia* is one of them, and that this has been recognized in the so-called old school since the time of Hippocrates. One cannot speak of various laws of "cure," if by "*cure*" he means so definite and specific a thing as we this evening mean by *cure*. Let me ask, What practical effect is there in the so-called old school of any belief that *similia* is even *a* law of "cure"? A law is of no use in so far as it is merely recognized *a posteriori*; knowledge of a law becomes useful when that law is recognized as *a priori* ground for action. Does any one of you know a so-called old school physician who ever said to himself, *In my treatment of this patient I shall be guided by* SIMILIA, *one of the laws of "cure"*! My belief is that in the so-called old school as a body there is no practical recognition whatever of *similia* as even *a* law of "cure."

You may hear a so-called old school physician say that he is willing to use a homœopathic medicine on sufficient evidence that it is useful. To base practice simply on evidence is empiricism. If in a given case I prescribe a medicine, simply because Hahnemann or Bœnninghausen or someone else attributed a cure to the same medicine in like circumstances, the medicine may be more or less homœopathic to disease as manifested in my patient, but my selection of it is purely empirical. The ideal practice of homœopathy involves a study of each case by itself, and in each case a prescription under guidance of *similia* as law. In a practice of simply following precedents there can be no intelligent progress: in practice under guidance of *similia* there may be endless progress.

I have quoted Farquharson to the effect that the power of ipecac, when given in small doses,

* Farquharson's Therapeutics and Materia Medica, Second American Edition, adapted to the U. S. Pharmacopœia by F. Woodbury, M.D., p. 291.

of "checking *vomiting*" must at present be looked upon as one of the enigmas of therapeutics. It is intrinsic in empiricism to regard benefit derived from any drug in any circumstances as an enigma. When one of these enigmas is correctly solved, future practice based upon the facts which correctly explain the enigma is not empiricism, for it is based upon *a priori* reason. To correctly explain a useful practice empirically hit upon may be of use as an inductive generalization upon which other practices may be based, but as regards the particular practice explained the explanation is of no use whatever. For instance, if one accepts *a posteriori* as facts that quinine is *the* curative medicine for malarial patients, and that mercury is *the* curative medicine for syphilitic patients, enough said: — so far as concerns the treatment of these patients, if we know *the* curative medicines for them, it makes no difference why these medicines cure, and it is merely a useless accomplishment to be able to explain why they cure. It is two hundred and fifty years since cinchona was introduced into Europe as of use in practice among malarial patients; how long before that it had been used in Peru I do not know: it is perhaps more than three hundred and fifty years that in Europe mercury has been regarded as of use in practice among syphilitic patients, and it is alleged that syphilis "was known and treated with mercury by the Malabar physicians as early as the ninth century."* Those who empirically follow the practices cited (with cinchona or quinine, and with mercury) are to-day more or less interested in attempts to solve the enigmas to which these bits of empiricism have respectively given rise. In these two instances is conspicuously illustrated what is intrinsically true, viz.: that empiricism, in dealing with problems of therapeutics, begins at the wrong end of the string: it regards the practice of medicine as an *inductive science*, and not as an *art* based upon a knowledge of subsidiary sciences. To settle down content with empiricism is, I believe, to become a deadweight to all intelligent efforts at improving the *art* of practicing medicine.

I wish to make a few suggestions which I think you may find useful, if in your investigation of homœopathy you are approaching the subject by observing the practice of homœopathists. Much of that practice is palliative, prophylactic, etc.: this is not homœopathy, and has nothing to do with homœopathy. Furthermore, in our efforts at curative treatment we may in a given case use as homœopathic a medicine which really is not homœopathic — this, because of the fact that in our present records regarding the science of Materia Medica Pura there doubtless are very many errors. If, for instance, I proceed upon the assumption that in every particular regarding Natrum muriaticum as a pathogenetic agent the records are correct, I may in a given case prescribe as homœopathic what really is not homœopathic at all: it seems quite possible that provers have attributed pathogenetic properties to some substances which are not pathogenetic agents, and it would be well for you to understand that the truth of *similia* does not depend upon the accuracy of provers. When, in your investigation of the principle, homœopathy, you scrutinize the practice of a homœopathist in a given case, you will do well to first determine whether that practice is so intended as homœopathic; and, if it is so intended, to next determine, by a study of the patient and a study of drug pathogenesy, whether the practice intended as homœopathic really is homœopathic, and, if it really is homœopathic, to then determine in what degree it is homœopathic. I believe that homœopathy is without flaw, and that you will find it much more profitable to study homœopathy than to study homœopathists.

18. *What relation does the teaching of the Homœopathic Medical College here in the University of Michigan bear to the practice of homœopaths in other parts of the country?*

The teachings in our Homœopathic Medical College here are such as are most cordially approved by homœopathists as a body throughout the land.

I am exceedingly pleased to have met you all, and shall be glad if I can in any way further serve you.

SOME HINTS FROM MY NOTE-BOOK.

BY H. D. CHAMPLIN, A.B., M.D.,
CLEVELAND, OHIO.

IN Bright's disease *never* allow a patient to come in contact with cold in any avoidable way; such patients are excessively sensitive to cold.

The majority of patients with Bright's disease suffer no pain from the kidneys.

Rectal injections of hot water in cases of cystitis are often of great value.

Injections can be applied directly to the base of the bladder by using a large double-eyed catheter passed per anum.

The four remedies which have served me best in chorea are Mygale, Cimicifuga, Agaricus, and Causticum, together with *rest*, good nourishment and removal from school and study of all kinds.

* Stille's Therapeutics and Materia Medica, Fourth Edition, Vol. II., p. 742.

Dysmenorrhœa, when connected with or dating from puberty, give Calcarea phos. (I use the 30x.)

Dysmenorrhœa is rarely acquired in single women; is almost invariably primary; appears with the menstrual function.

Women suffering from dysmenorrhœa are generally barren; the proportion of sterile to fertile is about one to twenty.

Headaches: Cactus grand:—Headache in vertex as a result of menorrhagia, or the menopause.

Iodide of ammonia, 1x:—Headaches of young people growing rapidly.

Santonine:—Headaches dependent upon eye troubles.

Kalmia:—Headache coming on in the morning and going away at night. (Compare with Sanguinaria.)

Muscular tremor of drunkards, from sclerosis, typhoid fever; give Veratrine, 1-128 grain pills, four pills a day; use for about twenty days.

Profuse leucorrhœa in a woman who has passed the climacteric, and the presence of vague, shooting pains in the pelvis in women who have previously been free from them are *very* suggestive of cancer.

Epithelioma is rarely found in a sterile or unmarried woman.

If dropsy begins in the lower extremities, and proceeds to the abdomen, the assumption is fairly sound that the obstruction is directly from the heart.

When dropsy begins in the abdomen and extends to the lower extremities, obstruction is directly from the liver.

Persistent cough sometimes falls outside the domain of internal medication. An examination of the larynx will reveal a slight abrasion of the epithelium, which an application of mild silver solution will cure at once, and the cough disappears.

During the dentition of infants do not forget that *Phytolacca symptoms* are: crying, restless, and feverish, especially at night; the teeth are a long time coming; wants to bite something hard and feels relieved by it.

455 Clark Avenue.

ANTIMONIUM CRUDUM.—A CASE.

By H. M. WEED, M.D.,

OSHKOSH, WIS.

EVERY homœopathic physician should, I presume, understand his materia medica so thoroughly that to have his attention called to the special indications of a remedy would be unnecessary. It is for the benefit of the very few who may be as ignorant of the action of some remedies as I am, that the following is given:

Case:—A girl, aged six, had been under treatment for *grippe* and its complications for six days, by an excellent homœopathic physician, who, at the end of this time, was taken sick and I was called.

I found the child with a temperature of 103° F.; pulse, 140 and strong; respirations about 40 per minute; severe, cramp-like pains in the stomach and abdomen.

The special point to which I wish to call attention was the tongue, which looked as if a thick piece of cream had been plastered on the surface. This coating overhung the edges of the tongue. It was the thickest coating that I ever saw on a tongue. The nostrils were sore, cracked and crusted; cracks and sores at corners of the mouth, and an eruption on the face. I gave on my first visit the remedy which I thought nearest indicated, and next morning found temperature 104° F., pulse so fast it could not be counted, and respiration very hurried.

I changed the remedy and again consulted my materia medica, but did not succeed in finding one that exactly fitted the case. From all indications at my last visit, I thought I would surely lose the child, and concluded to go to the office of Dr. Harvey Dale, a former college-mate, and talk the case over with him.

When I mentioned the coating on the tongue it brought to his mind Antimonium crudum, and on reading the proving of the drug, I found that it was a perfect picture of my case in every particular.

I went immediately to my patient and gave about 3 grains of the 3x trituration in half a glass of water, teaspoonful doses.

The child at this time was in great agony from the cramp-like pains in the stomach, and it seemed as if she could last but a short time. In half an hour after taking the first dose of Antimonium she began to get easier, and in an hour the pain had so much subsided that she fell asleep, not having had any sleep for five days. In twelve hours the temperature was down to 99½°, pulse 100, and the respirations about normal; the coating on the tongue was beginning to clear away, and at the end of thirty-six hours the tongue was clean. The cracks, sores and crusts on the nose, lips and cheeks cleared up in a remarkably short space of time. In my opinion the life of the child was saved by Antimonium crudum.

A CASE OF APIS POISONING.

BY A. W. REDDISH, M.D.,
SIDNEY, O.

SATURDAY morning, July 4th, 1885, I was called to see Mrs. W., æt. 33, married and barren. The patient has suffered with dysmenorrhœa from puberty, and has chronic inflammation and induration of the left ovary, with marked nervous symptoms. About an hour before my being called she was stung by honey-bees in at least seventeen places, viz.: four times over the right eye, seven times on the head and right side of the face, and six times on the right upper arm and left hand. The first symptoms noticed, half an hour after being stung, were vertigo, nausea, severe pain in the stomach, partial loss of consciousness, and cramps in abdomen, the pain extending to the knees.

She drank half a pint of brandy, and then the pain and cramps ceased. Very soon urticaria made its appearance on all parts of the body, and by becoming confluent soon covered the entire surface. Itching was intense, and the skin around the stings assumed a bright, red hue. Œdema was excessive about the right eye, face, arms and hands. Weak spells came and went, and at about four P. M. perspiration broke out and the patient fainted, with pulse 100 beats per minute and very weak. She soon rallied again. The urticaria now left and a feeling of an awful load or oppression extended from the pit of the stomach four inches upwards and to the left in the region of the heart. The joints of the arms became red and stiff, and sharp shooting pains extended through them. The left arm became motionless. In the way of stimulants, besides the brandy taken by the patient before my arrival, ammonia was given by inhalation. Neither the brandy nor ammonia seemed to have the least effect on her until after partial recovery. She ordinarily felt the effects of a teaspoonful of brandy; now the half pint failed to have any effect. Ammonia, after recovery, strangulated her if brought within several inches of her nose; during the attack she scarcely smelt it. Salt water partially relieved the itching. The urticaria disappeared in four hours. Aconite relieved the oppression; Bryonia the stitches in the joints, and Rhus the stiffness. By Sunday morning the œdema had to a large extent disappeared, but her arms were as sore as if bruised.

The poisoning had no perceptible effect upon the menses, which came on the next day as usual. The effect of the poisoning depended upon the number of stings and upon the time of the year. Bees are much more poisonous during the honey-making season than late in the fall. The tissues affected were the blood, skin, serous and cellular. The conditions produced: urticaria, œdema of the skin, and, probably, of the mucous membranes; sharp stitches in the joints, with effusion in all the serous cavities.

The behavior of brandy in not producing intoxication, indicates that drugs are incompatible with their antidotes, and further shows the folly of polypharmacy and of alternation unless you practice polypharmacy and alternation understandingly. If Apis prevented the action of brandy, will not brandy prevent the action of Apis? How then can Apis be prepared in alcohol for medicinal use? If brandy does not counteract the action of Apis, why give it? and if it does, why try to preserve Apis in it? Will not the stronger poison antidote the weaker, and the weaker partially antidote the stronger?

URINARY ANALYSIS: TABLES AND CLINICAL NOTES.

BY CLIFFORD MITCHELL, M.D.,
CHICAGO.

THE object of my tables is to show at a glance the relation to normal averages of the results of an analysis of urine. For example, suppose it is found that a female patient is voiding 12 grammes of urea in 24 hours, is there excess or deficiency of urea? And if either, how great? Reference to Table III.(*a*) shows in the seventh column, ninth figure from the top, the figure 12, and to the right of it is seen the figure 60, under the heading Per Cent. This signifies that a female patient voiding 12 grammes of urea in 24 hours is passing 60 per cent. of the normal average, according to the latest analyses — those of Yvon-Berlioz. Now, inasmuch as the normal averages vary according to nationality, I have adopted as standards on the one hand, those of Yvon-Berlioz, and on the other those of Parkes. The figures of Yvon-Berlioz are, as a rule, considerably less than those of Parkes. For example, according to Yvon-Berlioz, the healthy adult voids on an average 26.5 grammes of urea in 24 hours; but according to Parkes 33.2 grammes. I have deemed it advisable, therefore, to reckon *down* from 26.5, and *up* from 33.2, calling any figure normal which is between the two. For example, denoting any figure between 26.5 and 33.2 (inclusive) by 100, if we find a male patient voiding 13.75 grammes of urea in

24 hours, it is safe to say that the excretion is *at most* but 50 per cent. of the normal average, since it is but half of the average of Yvon-Berlioz, and considerably less than half of the average of Parkes. On the other hand, if we find a male patient voiding 66.4 grammes of urea in 24 hours, it is reasonable to call it *at least* 200 per cent. of normal, since it is double the average of Parkes on the one hand, and more than double that of Yvon-Berlioz on the other.

In writing the "clinical notes" at the foot of each table, I have consulted my own record books, and the statements made are, in the main, based on a study of my own cases. I have records of a large number of cases of active business men of Chicago and vicinity, and find considerable deviations in their urine from the normal standards as regards volume, total solids, urea, and phosphoric acid.

TABLE I.

(*a*.)

Urine in 24 hours. *Descending scale.*

Male patients. *Female patients.*

	Fluid ounces.	Cubic centimeters.	% of normal av'ge.	Fluid ounces.	Cubic centimeters.	% of normal av'ge.
A	45.33	1360	100	36.66	1100	100
	43.	1290	95	34.83	1045	95
	40.83	1225	90	33.	990	90
	38.5	1155	85	31.16	935	85
	36.33	1090	80	29.33	880	80
	34.	1020	75	27.5	825	75
B	31.66	950	70	25.66	770	70
	29.5	885	65	23.83	715	65
	27.16	815	60	22.	660	60
	25.	750	55	20.16	605	55
	22.66	680	50	18.33	550	50
C	20.33	610	45	16.5	495	45
	18.16	545	40	14.66	440	40
	15.83	475	35	12.83	385	35
	13.66	410	30	11.	330	30
	11.33	340	25	9.16	275	25
D	9.	270	20	7.33	220	20
	6.83	205	15	5.5	165	15
	4.5	135	10	3.66	110	10
	2.33	70	5	1.83	55	5
	1.16	35	2½	0.83	25	2½
	0	0	0	0	0	0

Clinical Notes: For ordinary purposes classify percentages from 100 to 75 as A; those from 75 to 50, B; those from 50 to 25, C; and those below 25, D. The healthy male adult voids about three pints of urine daily. (Class A or A¹.) In patients with *acute* or sub-acute nephritis, the quantity of urine will be found in classes A, B, C, or D, according to the severity of the disorder; in *chronic parenchymatous degeneration*, class B or C; in *chronic diffuse nephritis*, (small kidney without vascular thickening), A, B, or C. In American business men, class B is the rule—sometimes A, sometimes C; in *chronic hyperæmia* of the kidneys, B, C, or D, according to severity; in *catarrh of the neck of the bladder*, class B usually; in *the last stages of chronic inflammations of the kidneys*, not long before death, class D. In the last months of *pregnancy* from middle of class A to middle of class B; if decreased to C or D, suspect serious renal trouble. In all *acute febrile* disorders, class B or C. Debilitated women, class C.

(*b*.)

Urine in 24 hours. *Ascending scale.*

Male patients. *Female patients.*

	Fluid ounces.	Cubic centimeters.	% of normal av'ge.	Fluid ounces.	Cubic centimeters.	% of normal av'ge.
A¹	50	1500	100	40	1200	100
	55	1650	110	44	1320	110
	60	1800	120	48	1440	120
A¹¹	65	1950	130	52	1560	130
	70	2100	140	56	1680	140
	75	2250	150	60	1800	150
A¹¹¹	80	2400	160	64	1920	160
	85	2550	170	68	2040	170
	87	2625	175	70	2100	175
A¹ᵛ	90	2700	180	72	2160	180
	95	2850	190	76	2280	190
	100	3000	200	80	2400	200
	125	3750	250	100	3000	250
Etc.	150	4500	300	120	3600	300
	175	5250	350	140	4200	350
	200	6000	400	160	4800	400
	225	6750	450	180	5400	450
	250	7500	500	200	6000	500
	275	8250	550	220	6600	550
Etc.	300	9000	600	240	7200	600
	325	9750	650	260	7800	650
	350	10500	700	280	8400	700
	375	11250	750	300	9000	750
	400	12000	800	320	9600	800
	425	12750	850	340	10200	850
	450	13500	900	360	10800	900
	475	14250	950	380	11400	950
	500	15000	1000	400	12000	1000

Clinical Notes: For ordinary purposes classify percentages from 100 to 125 as A¹; from 125 to 150 A¹¹; from 150 to 175 A¹¹¹, etc. In *convalescence from acute nephritis*, class A¹; in *sub-acute* nephritis, A or A¹; in chronic diffuse nephritis (small white kidney with great intertubular inflammation and vascular thickening), class A¹, A¹¹, A¹¹¹, or A¹ᵛ; in *sclerosis* and *lardaceous* disease, A¹¹, A¹¹¹ A¹ᵛ usually; in *diabetes insipidus*, A¹¹¹ to A⁵ inclusive, as a rule; enormous quantities are sometimes voided in hydruria, but as a rule the urine is increased from 250 to 500%; in *diabetes mellitus*, urine increased 250 to 500% of normal; in *chronic pyelitis*, A¹, or A¹¹, sometimes in severe cases urine increased 200 to 400%.

TABLE II.

(*a*.)

UREA *relative to* WATER. *Descending scale.*

Male patients. *Female patients.*

	Grains per fluid ounce.	Grammes per liter.	% of normal av'ge.	Grains per fluid ounce.	Grammes per liter.	% of normal av'ge.
A	10.09	21.50	100	8.924	19.00	100
	9.56	20.42	95	8.478	18.05	95
	9.008	19.35	90	8.003	17.10	90
	8.589	18.28	85	7.585	16.15	85
	8.007	17.20	80	7.139	15.20	80
	7.571	16.12	75	6.692	14.25	75
B	7.068	15.05	70	6.246	13.30	70
	6.566	13.98	65	5.800	12.35	65
	6.059	12.90	60	5.354	11.40	60
	5.556	11.83	55	4.908	10.45	55
	5.049	10.75	50	4.462	9.50	50
C	4.546	9.68	45	4.015	8.55	45
	4.036	8.60	40	3.569	7.60	40
	3.532	7.52	35	3.123	6.65	35
	3.332	6.45	30	2.919	5.70	30
	2.527	5.38	25	2.231	4.75	25
D	2.019	4.30	20	1.784	3.80	20
	1.517	3.23	15	1.338	2.85	15
	1.009	2.15	10	0.892	1.90	10
	0.507	1.08	5	0.445	0.95	5
	0.256	0.54	2½	0.225	0.48	2½

Clinical Notes: By urea relative to water understand grains to the fluid ounce, or grammes to the liter of urine. The healthy male adult voids 10 grains of urea to the fluid ounce of 24 hours' urine; the healthy female about 9. In *chronic inflammations of the kidneys* (except chronic parenchymatous degeneration, earlier stages) class B or C; in *sclerosis* and *lardaceous* disease, class C common; in *hydruria*, C or even D; in *acute diffuse nephritis*, class A; in *subacute*, B or C; in *diabetes* (insipidus and mellitus), class B.

(*b.*)

UREA *relative to* WATER. *Ascending scale.*

	Male patients.			*Female patients.*		
	Grains per fluid ounce.	Grammes per liter.	% of normal av'ge.	Grains per fluid ounce.	Grammes per liter.	% of normal av'ge.
	10.821	23.04	100	10.427	22.2	100
	11.362	24.192	105	10.948	23.31	105
AI	11.904	25.344	110	11.47	24.42	110
	12.445	26.496	115	11.991	25.53	115
	12.986	27.648	120	12.512	26.64	120
	13.527	28.8	125	13.034	27.75	125
	14.068	29.952	130	13.555	28.86	130
	14.609	31.104	135	14.076	29.97	135
AII	15.150	32.256	140	14.598	31.08	140
	15.691	33.408	145	15.119	32.19	145
	16.232	34.56	150	15.640	33.3	150
	16.773	35.712	155	16.162	34 41	155
	17.314	36.864	160	16.683	35 52	160
AIII	17.856	38.016	165	17.205	36 63	165
	18 397	39 168	170	17 726	37.74	170
	18.938	40.32	175	18.247	38 85	175
	19.479	41 472	180	18 769	39 96	180
	20 020	42 624	185	19 290	41 07	185
AIV	20.561	43.776	190	19.811	42.18	190
	21.102	44 928	195	20.333	43.29	195
	21.643	46.08	200	20 854	44 4	200
	24.349	51 84	225	23 461	49.95	225
Etc.	27 054	57 6	250	26.068	55.5	250
	29.760	63.36	275	28 675	61 05	275
	32.465	69 12	300	31.281	66 6	300
	35.171	74 88	325	33.888	72.15	325
Etc.	37.876	80 64	350	36.495	77 7	350
	40.582	86.4	375	49.102	83 25	375
	43.287	92 16	400	41 709	88 8	400

Clinical Notes: In *acute parenchymatous degeneration* class AI; *in chronic parenchymatous degeneration*, class AI, usually (sometimes A or B); in *chronic hyperæmia* of the kidneys, AI, AII or AIII. In a case which I saw just prior to *gall-stone colic* the relative quantity of urea was increased 250% of normal; in *acute intercurrent attacks* of chronic nephritis, A or AI, sometimes even AII, if urine *much* decreased in quantity, for example, to 300 c c or lower; in a case of *renal calculus* (phosphatic) which I saw prior to renal colic, the urea was in class AII; after passage of stone it fell to AI, though volume of urine did not change greatly.

TABLE III.

(*a.*)

Total UREA *in 24 hours.* *Descending scale.*

	Male patients.				*Female patients.*			
	Grains.	Gram's.	Approx.	%	Grains.	Gram's.	Approx.	%
	410.75	26.50	27	100	312.75	20.50.	21	100
	390.29	25.18	25	95	301.94	19.48	19	95
A	369.675	23.85	24	90	285.975	18.45	18	90
	349 215	22 53	23	85	270.165	17.43	17	85
	328.60	21.20	21	80	254.20	16.40	16	80
	307.83	19.88	20	75	238.39	15.38	15	75
	287.525	18.55	19	70	222.425	14.35	14	70
	267.065	17 23	17	65	206.615	13.33	13	65
B	246.45	15.90	16	60	190.65	12.30	12	60
	225.99	14.58	15	55	174.84	11.28	11	55
	204.875	13.25	13	50	158.875	10.25	10	50
	184.915	11.93	12	45	143.065	9.23	9	45
	164.80	10 60	11	40	127.10	8.20	8	40
C	143.84	9 28	9	35	111.29	7 18	7	35
	123.225	7.95	8	30	95.325	6.15	6	30
	102.765	6.63	7	25	79.515	5.13	5	25
	82 15	5.30	5	20	63.55	4.10	4	20
	61.69	3.98	4	15	47.74	3.08	3	15
D	41.075	2.65	3	10	31.775	2.05	2	10
	20.46	1.32	1	5	15.965	1.03	1	5
	10.23	0.66	¾	2½	8.215	0.53	½	2½
	0							

Clinical Notes: The healthy male adult voids 400 grains of urea in 24 hours; the healthy female at least 300. In *chronic* diseases of the kidneys a *gradual* decrease to class D unfavorable, death usually imminent. [In hysteria class D, but subsequently class A.] In acute parenchymatous degeneration, chronic parenchymatous degeneration, chronic hyperæmia, and forms of chronic diffuse nephritis in which there is not polyuria, class B or C; in chronic diseases of the kidneys with polyuria, class A, possible; in the urine of American business men, class A or B; in debilitated women, class C; in all *chronic* affections unaccompanied with pyrexia, B or C usual; in diseases of the liver with destruction of liver substance, B or C.

(*b.*)

Total UREA *in 24 hours.* *Ascending scale.*

	Male patients.			*Female patients.*		
	Grains.	Grammes.	Per cent.	Grains.	Grammes	Per cent.
	514.6	33.2	100	412.3	26.6	100
	540.33	34.86	105	432.915	27.93	105
AI	566.06	36.52	110	453.53	29.26	110
	591.79	38.18	115	474.145	30.59	115
	617.52	39.84	120	494 76	31.92	120
	643.25	41 5	125	515.375	33.25	125
	668.98	43.16	130	535.99	34.58	130
	694.71	44.82	135	556 605	35 91	135
AII	720.44	46.48	140	577.22	37.24	140
	746.17	48 14	145	597.835	38.57	145
	771.9	49.80	150	618.45	39.90	150
	797.63	51.46	155	639.065	41.23	155
	823.36	53.12	160	659.68	42.56	160
AIII	849.09	54.78	165	680.295	43.89	165
	874.82	56.44	170	700.91	45,22	170
	900.65	58 10	175	721.525	46 55	175
	926.28	59.76	180	742.14	47.88	180
	952.01	61.42	185	762.755	49 21	185
AIV	977.74	63.08	190	783.37	50.54	190
	1003.47	64 74	195	803.985	51.87	195
	1029.2	66.40	200	824.6	53.2	200
	1157.85	74.7	225	927.675	59 85	225
AV	1286.50	83.	250	1030 75	66 5	250
	1415.15	91.3	275	1134.825	73.15	275
AVI	1543.80	99.6	300	1236 9	79.8	300

Clinical Notes: In *diabetes mellitus*, AI to AVI, or even higher; in *diabetes insipidus*, AI to AVI; in a case of *renal calculus* which I saw, the urea in five daily collections (prior to passage of stone) was respectively, AIII, AII, AII, AI, AI; after passage of stone it was barely AI.

[Ralfe reckons the excretion of urea according to weight, as follows: 40 to 60 lbs, 4.5 grains to the pound; 60 to 120 lbs., 4 grains; 120 to 160, 3.5 grains; 160 to 175, 3.25 grains; 175 to 196, 3 grains.]

To apply ointments to the eye, take small glass rods, with rounded ends; the end intended to enter the conjunctival sac should have a diameter of from 1.5 to 2 millimeters, and curved at an angle of 135°. The rods cannot hurt the eye, and they are readily disinfected.

THE ESTABLISHMENT OF THE ROCHESTER HOMŒOPATHIC HOSPITAL AND ITS WORK FOR THE FIRST FIVE MONTHS.

By J. M. LEE, M.D.,

ROCHESTER, N. Y.

IN fulfillment of my promise, I give a brief report of the organization and present working of the Rochester Homœopathic Hospital. This institution is the direct outgrowth of the Monroe County Homœopathic Medical Society, and we have every reason to congratulate ourselves on its success. Our first organized work began about four years ago, by the appointment of a hospital committee. This committee succeeded in persuading thirteen of our influential citizens to lend their sympathy and aid for the furtherance of the project. May 25th, 1887, they were duly incorporated as a Board of Governors, and thus empowered to raise funds and lay their plans as seemed best.

I think it would be difficult to go anywhere and find thirteen more energetic and capable men than those who compose this board; yet, naturally enough, they were not willing to purchase property and incur heavy debt until the homœopathic fraternity should evince sufficient interest to warrant them in so doing; so the board waited for the doctors and the doctors for the board, until it looked as though we would all be obliged to wait until a McMillan or Newberry should appear in our midst.

Dr. E. H. Wolcott was the first to comprehend the situation and begin the practical work of soliciting subscriptions. Very soon others followed his example, until several thousand dollars had been raised, all in small amounts. It is said that the Lord helps those who first help themselves. The adage seemed to apply in our case, for now a generously disposed gentleman came to our aid and offered to give us $15,000 as soon as we should increase our subscription list to $12,000. This we soon did, and accordingly, May 11, 1889, the Moore Homestead, which is estimated to be worth the above sum, was deeded to our Board of Governors. This was the first large gift, and was just the stimulus needed to re-enforce our courage as well as that of our patrons.

Mr. Moore is not a wealthy man, and the gift was an exceedingly generous one. The following resolutions were tendered him by the Monroe County Homœopathic Medical Society and the Board of Governors:

"*Resolved*, That the physicians of the Monroe County Homœopathic Medical Society desire to express their sincere thanks to Mr. George Moore for the very liberal donation tendered, and the lively interest manifested by him, to found a much needed homœopathic hospital in this city."

W. B. Carman, M.D., Secretary. W. F. Clapp, M.D., President.

"The Board of Governors of the Rochester Homœopathic Hospital, who, through the munificence of Mr. George Moore, have been presented with the valuable property on South Fitzhugh Street, known as the 'Moore Homestead,' desire to express their great appreciation of his noble and generous act; and render to him, as most justly due, their sincere and grateful thanks for his magnificent gift."

By this time all the patrons of homœopathy were awake to the fact that a homœopathic hospital was in the near future. The June subscription list was headed by $5,000 from Don Alonzo Watson; $1,000 from Hiram W. Sibley, and $1,000 from John Greenwood. The remaining subscriptions ranged from $5 to $500. The grand total for that month, with Mr. Moore's gift, was $29,305.

The purchase of the hospital property was effected in the month of April, 1889, at a cost of $50,895.73.

The main building is a large, three-story brick structure, with basement, steam heating apparatus, and all the modern conveniences of baths, water, etc. It was thoroughly renovated, and presented a very attractive appearance on the evening of the opening, September 18, 1889. The private rooms have, without a single exception, been furnished by societies and individuals; and they are as elegantly and tastefully arranged as money and care could make them. Each one has an open grate, which not only adds to its attractiveness, but is also useful for ventilation.

The main wards are the male, female, and children's wards. The last named was handsomely furnished by our young people. It is in blue and white, and all the surroundings bespeak comfort for the little ones. Mr. John Greenwood, a well-known citizen of Rochester, and Mrs. Emily Sibley Averell, daughter of the late Hiram Sibley, have each given $3,000 to endow beds in this ward. Both of these endowments were made in memory of departed loved ones. The words of the poet:

> "Feed my lambs and thou shalt be
> Blest through all eternity,"

comes to us with marked significance, as we contemplate the good that these generous gifts will do.

The other buildings are: a nurse's home, a pavilion for contagious diseases, a free dispensary, and a laundry. An ice house and a morgue are now in process of construction.

December 1st we opened a training-school for nurses. This portion of the work is under the supervision of the superintendent, Miss Eva

Allerton. Miss Allerton is a graduate of the Massachusetts General Hospital, and has had wide experience in hospital work. We find her a most pleasing, efficient and energetic superintendent.

Up to this time our expenditures had been very heavy, and we, like so many other charitable institutions, were beginning to feel the weight of debt, when we were made the happy recipients of $30,000, the joint gift of Don Alonzo Watson, Mr. Hiram W. Sibley and his mother, Mrs. Hiram Sibley. In appreciation of this generous gift the hospital staff adopted the following:

WHEREAS, The Rochester Homœopathic Hospital has been the recipient of $30,000, the joint gift of Don Alonzo Watson, Hiram W. Sibley, and his mother, Mrs. Hiram Sibley, and whereas this munificent contribution has lifted from our favored institution the heavy debt which might have retarded its progress, therefore,

Resolved, That we, the members of the hospital staff, extend our grateful thanks to these friends for their generous gift, and for the interest which they have always manifested in the work represented by this institution, and wish them many happy years in which to enjoy the benefits they have thus conferred upon suffering humanity by their acts of noble charity.

Resolved, That these resolutions be presented to the Board of Governors, to be engrossed upon their minutes, and a copy be sent to our esteemed benefactors.

T. C. WHITE, President. E. J. BISSELL, Secretary.

Owing to various changes our Board of Governors has undergone revision; but where one has dropped out another equally good has been found to fill the place. We are justly proud of the following thirteen names. Many of them are men who have a national reputation, both for their business integrity and generosity:

OFFICERS.

Sylvanus J. Macy.....President.
Hiram W. Sibley.....Vice-President.
Henry C. Brewster.....Treasurer.
David Hoyt..... Secretary.

BOARD OF GOVERNORS.

Sylvanus J. Macy, Hiram W. Sibley,
Henry C. Brewster, David Hoyt,
Wm. A. Hubbard, E S. Hayward,
James W. Gillis, George H. Newell,
E. F. Woodbury, E. A. Chase,
Wilson Soule, James S. Watson,
George Moore.

The following list represents the Board of Supervisors:

SUPERVISORS.

President.....Mrs. Hiram Sibley, 220 East Avenue.
1st Vice-President..Mrs. Don Alonzo Watson, 61 N. Clinton St.
2nd Vice-President.Mrs. Sylvanus J. Macy, 12 Gibbs St.
3rd Vice-President..Mrs. Simon L. Brewster, 86 S. Clinton St.
Treasurer..... Mrs. Granger A. Hollister, 1 Merriman St.
Recording Sec'y....Mrs. John C. Woodbury, 107 Lake Avenue.
Cor. Secretary.....Mrs. J. H. Stedman, 123 Troup St.

Mrs. Alex M. Lindsay, 373 East Avenue.
Mrs. Henry C. Brewster, 28 S. Union St.
Mrs. Arthur C. Smith, 6 Sibley Place.
Mrs. Charles S. Hastings, 158 Lake Avenue.
Mrs. Hiram W. Sibley, 214 East Avenue.
Mrs. Henry H. Perkins, 233 East Avenue.
Mrs. A. B. Hone, 54 S. Clinton St.
Mrs. Charles P. Ford, 10 Atkinson St.
Mrs. David Hoyt, 235 University Ave.
Mrs. Martin W. Cooke, 41 S. Clinton St.
Mrs. Nathan Levi, 46 S. Clinton St.
Mrs. Wilson Soule, 155 Lake Avenue.
Mrs. Robert Mathews, 96 Spring St.
Mrs. A. S. Mann, 62 S. Clinton St.
Mrs. J. Foster Warner, 109 Troup St.
Mrs. Henry Lester, 520 West Avenue.
Mrs. Milton Clarke, 6 Portsmouth Terrace.

The internal management is left with the above board. These ladies have done much efficient work, and deserve great credit for their untiring industry and enterprise.

One of the most powerful auxiliaries is the Ladies' Aid Association. They now have a membership of 223. They are always in the right place and doing just the work that is most needed.

The *Hospital Leaflet* has already reached your table. No doubt you have noticed how ably it is edited, and with what tact the editress sets before the people the wants of the institution. Any who read it must be very obtuse if they are not thoroughly convinced that it is their duty, as well as privilege, to take some part in the work which it presents.

Since the opening, September 18th, 1889, we have admitted 160 patients; of these 112 were surgical, forty-two medical, and 6 maternity patients. Two or three distinct operations had to be performed upon the same patient in several instances. This makes the entire number of surgical operations, up to date of writing, 124. They comprise amputations, herniotomies, osteotomies, ophthalmic operations, exsections, plastic operations, amputations of breasts, with clearing of axillary spaces, lithotomies, ovariotomies, hysterectomies, etc.

Ovariotomy has been performed twelve times, vaginal extirpation of the uterus four times, and super-vaginal amputation for large fibroma three times. All of these nineteen cases recovered without alarming symptoms, although two of the subjects for hysterectomy were 60 and 72 years of age respectively, and not in good general condition.

This brings us up to date, and we find ourselves in good running order. Dr. William S. Rambo, a competent and trustworthy young man, formerly from Ward's Island, satisfactorily performs his duties as house physician. Each

ward is presided over by trained and experienced nurses; and considering the short space of time since the opening we feel that the equipment is very complete, from the basement up. Our expenditures, together with what we have on hand, amount to about $72,000. We are now so thoroughly organized that those who give may designate to what branch of the work they wish it appropriated.

As I know that the Medical Era has an extensive circulation, and that many of its readers control a large clientage which is in no way connected with hospital work, I desire to make a concise statement of the different funds open for their generosity.

$5,000 endows a bed in the male or female ward.

$3,000 endows a bed in the children's ward.

The payment of $200 supports a free bed in any of the wards for one year.

The payment of $100 constitutes the donor a member of the "Hospital Association," and entitles him to a vote in its proceedings.

The annual payment of $2.00 from any lady constitutes her a member of the Ladies' Aid Association.

The annual payment of any sum, large or small, may be appropriated to the free bed fund, the fund for the training-school, or the fund for current expenses. These annual subscriptions we are particularly desirous of obtaining.

Now permit me to present a few personal suggestions to physicians:

Would it not be practical for you to carry with you a small book and, as opportunity offers, secure subscriptions for any of the above funds? It makes no difference how small the amount is; it is the small sums given by many, that make the largest aggregate and secure the co-operation of the masses.

Can you not induce some of your patients to become members of the Ladies' Aid Association? As stated above, they now have a membership of 223. This number might reach into the thousands, if every physician would use his or her influence in securing members.

We sincerely hope that many of our readers will respond in some way to our request. Subscriptions should be sent to Henry C. Brewster, Rochester, N. Y. The names and money for membership in the Ladies' Aid Association, to Mrs. W. H. Reid, 65 Oxford St., Rochester, N. Y.

Free Dispensary.—The Homœopathic physicians of Syracuse, N. Y., have opened a Free Dispensary, at 213 E. Genesee street. This is a good example for other cities of the size to follow.

CORRESPONDENCE.

SOME BITS OF POLISHED GRANITE.

To the Editor of The Medical Era:

Sir:—I herewith submit a few odd notes and remarks on questions raised and clinical observations recorded in the March number of your journal, and I do this partly because I have profited by it in the past, and partly because I feel it is too bad to add to your editorial duties by requiring you to furnish your readers with good stuff entirely out of your own head; hence, it is incumbent on practitioners of homœopathy in various parts to send you some of the results of their experience. I cannot pretend to a piece of polished granite, nor even a brick, but just an old bit of clay or two, if you like to accept it.

1st. I remark, *re* "The separate board system of examiners" for students who have undergone a regular and full course of medical and surgical study, and who are by observation and conviction homœopaths. In this matter I am certain you might as well expect "to gather grapes of thorns and figs of thistles," as to get justice to homœopaths from an allopathic board of examiners.

2d. The lecture by Dr. Mack on "Hydrocyanic Acid," p. 68. This is very good so far as it goes, and is highly suggestive of the drug being capable of more frequent use, and with benefit in certain diseased conditions. I have had but little experience with it. In epilepsy I have tried it several times, and where the general symptoms of the patients have been to a large degree like those produced by the drug, but have not seen any marked beneficial action from it. In sundry *nervous, dyspeptic states*, it has served me well, the main symptoms being difficulty of swallowing, with spasmodic constriction, gurgling noise on swallowing liquids, sinking sensation at epigastrium, eructations of wind with but little relief, hiccough, sensitiveness of epigastrium to pressure—symptoms, as a rule, pointing more to gastralgia than gastritis. As a rule these patients have been pale and weak, with a quick and uncertain pulse, and in several there has been an irritability of the genital organs, the result of masturbation. The strength of the drug used has been 6x.

3d. "The vaginal tampon," p. 76. This, as described, is admirable, but in general practice (in this country, at least), medical men, for the most part, must relegate to the chemist or some such person the manufacture of these—but when they are required (if they ever are) I think there is no necessity for them to be applied so close to the affected part as Dr. Hood suggests.

I have hitherto found the less complete "tampon" of cotton-wool, well saturated with the drug, in combination with glycerine, when pushed well up the vagina, do as much good as could be expected.

4th. "Scanty, delayed, or suppressed menstruation," p. 80. This is a very wide subject, the cases depending largely on individual constitutions and temperaments, modes and habits of life, hygienic, climatic, dietetic, &c. And here I would say that during the last two years or so there appears to have been in this country a more than ordinary number of these cases. During that period I think I have had occasion to treat as many as in eight or ten years previously, and these, too, have for the most part been attended with a large amount of general nerve exhaustion; but then the pathological question comes, Has that nerve exhaustion been the primary *cause*, or even secondary, or the result of the irregular menstruation? and it is only by carefully examining and individualizing the cases that any well-founded opinion can be given thereon. My cases have been among the well-to-do classes, well-fed, well-clothed, and surrounded by generally good hygienic conditions; but the greater number have been among the lower and artisan classes of factory girls, overworked, and not under good hygienic influences. There being so many causes for the condition named, and so many different manifestations, in degree and otherwise, it is manifestly impossible for anyone to spot so few as half a dozen drugs, or even more, that will be likely to cure, but merely point out what remedies have failed, and what have *cured*, and in this line I say that Ferrum in most of its forms—the redactum, the acetate, the phosphate, etc., as well as Cinchona—alike in material doses and up to the sixth decimal, have failed to do any good, and in many cases have made the patients worse; whereas, the drugs which have been most beneficial have been Arsenicum, Arsenicum iodatum especially so, and next to these, Graphites, Natrum muriaticum, Aletris, Nux vomica and Sulphur; the most prominent symptom, associated with debility, capricious appetite, palpitation of the heart, dyspnœa, has been *constipation*, and for this the five last-named drugs stand in obvious relation, but Sulphur has acted the best in the 2x dilution, and I have found that as the constipation has been removed the general health has improved and the menstrual functions been restored. Whether said constipation is one of the results of nerve exhaustion, or a cause thereof, owing to the retention of the fæces poisoning the system, I must leave to pathologists to settle. But this I know, that unless that has been corrected by some means, very little good has been done; and here I would say that as regards constipation in connection with other diseases, besides irregular menstruation, I fear we homœopaths have been largely at fault, that we have not taken sufficient account of it, not considered it a directing symptom; for few, I suppose, will say that all symptoms are of equal value for deciding on a drug to be given in lithæmic states of the system, and especially with rheumatism. While Bryonia, Mercurius, Berberis, Lycopodium, Sulphur and other drugs will do good, I am convinced that a dose of Podophyllin extract, half or three-quarters of a grain once or twice a week, or even a teaspoonful of Carlsbad salts, fasting in the morning, hastens the recovery of the patient.

5th. "Burning and itching of urticaria," p. 82. The alcohol and chloroform I have often used with relief to the patient, but for the *cure* of the disease, and the prevention of its recurrence, *i. e.*, chronic cases, who will show the way? Here, as elsewhere, I know, it is the individual case which has to be treated, and that hints and tips of practice may be beside the mark, but yet if taken only as signs and indications for exploration, they may be useful. I have two chronic cases I can do nothing with, although my repertory and Materia Medica books are well thumbed, and all drugs so far as I can find which have been recommended for this disease have been tried. *Let some one answer.*

6th. "Macrotys 2x for chorea," p. 84. I have found the 1x dilution in three or four drop doses, three times a day, answer better; next to that Agaricus, 2x or 3x, I generally look to, and often get good results from. Of course these cases frequently require Pulsatilla, Ignatia, Sulphur and such like drugs to aid the cure; sponging the spine with hot vinegar and water at night does good, together with fresh air, good food, exercise and rest are alike requisite.

7th. "Erratic Rheumatism," p. 86. Here, whether the cause be gonorrhœal or otherwise, I find Pulsatilla and Kali bichromicum valuable agents, if not of gonorrhœal cause. Arnica and Kalmia are well worth consulting; Arnica in thin, wiry men from undue physical exertion, Kali bichromicum in men who partake largely of animal food and malt liquors.

8th. "Camphor," p. 86. I have for many years been convinced that it is generally prescribed in too large a dose, and I have found that half or even quarter-drop doses of the tincture in water, frequently repeated, does more good than larger doses.

9th. "Mercurial Poisoning from Amalgam

in the Teeth," p. 87. This is a most important subject, inasmuch as the great proportion of persons whose teeth have been stopped, have been so by the mercurial amalgam, and for the last ten or twelve years I have seen a large number of patients, whose symptoms have pointed to some slow mercurial action going on, and in whom some of the teeth have been so filled, but it being there, they are unwilling to have it removed, do not believe in its being a cause of disease, and the dentist as a rule backs them up in that belief.

Lastly I might say something respecting Bovista as an application for the relief of pain in cancer, inasmuch as I have so used it and with some benefit, and this from the fact of having cured a case of Epithelioma (so diagnosed by the two most eminent surgeons of this country) with Bovista and Phytolacca, but as a rule I find the internal administration of Cundurango relieve the pain from cancer better than other drugs.

I think sir, I have given you enough in one paper, and may on another occasion send a few more bits of clay, should you deem them of sufficient interest.

Believe me, one of Old England's practitioners of Homœopathy,

Arthur C. Clifton, M.D.

Northampton, England, April 5, 1890.

Hæmophilia.

Editor Medical Era:

In reading the case of Hæmophilia reported in the March number of the Era, I will say that I am reminded of a case to which I was called October 18, 1889, of a child about twenty hours old which had a profuse diarrhœa, accompanied with pain and tenesmus; stools slightly lighter in color than the meconium, accompanied by a profuse hemorrhage from the urethra that was truly alarming. In fact, the child was blanched, and looked as though it must speedily succumb. I immediately gave it Cantharis 3x dil. in water, one-half tea-spoonful once in one-half hour for three doses, then one hour the remainder of the day, this being about 11 A. M. The hemorrhage ceased immediately and never returned. Thus, a case which looked so unpromising made a speedy recovery.

Yours respectfully,

N. E. Wright, M.D.

Berea, O., April, 1890.

DEPARTMENT OF GYNECOLOGY.

CONDUCTED BY

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THE REPAIR OF VESICO-VAGINAL FISTULÆ.

At the suggestion of a correspondent I have given concisely what is to-day the most generally employed method for the closure of vesico-vaginal fistulæ. Before taking up the operative procedures for the repair of fistulæ a few general facts of interest may be given.

In former years carcinoma was credited with being the most prolific source of vaginal fistulæ. This idea has not only been proven untrue, but such an origin has been shown to be of rare occurrence. But one such case has been seen by the writer. Repair is of course out of the question.

Prolonged and difficult labor is without doubt the etiological factor of first importance. Over ninety per cent. of the cases are traceable thereto. The recognition of this fact has led to a more general and more frequent application of the obstetric forceps, resulting in a marked diminution in the number of fistulæ observed within the last thirty years. Upon this point Emmet lays down as a *general* rule, that after the head has entered the true pelvis, as long as it recedes in the intervals between the pains, no danger of undue pressure need be feared, but if at any time recession ceases and the head remains stationary, the integrity of the compressed parts is put in jeopardy. A half hour of pressure sufficient to cut off the circulation in the subjacent tissues is capable of causing necrosis with a subsequent fistula. Direct laceration involving the cervix and bladder occurs in a small portion of the cases and is evidenced by a flow of urine immediately following the birth of the head, and not coming per urethram. When consequent upon the separation of a slough, urinary incontinence generally appears eight or ten days after delivery. In more than fifty per cent. of his cases, Emmet considers that neglect to empty the bladder was

the indirect cause of the fistula, by its prolongation of labor.

Rarely is a vaginal fistula caused by a malfitting pessary, by a penetrating wound, by the bursting of a pelvic abscess, or by ulceration from a vesical calculus. The obstetric forceps have been unjustly blamed as the origin of the lesion in many cases. Emmet voices the opinion of many others of renown when he says: "I do not hesitate to state that I have never met with a case of vesico-vaginal fistula, which without doubt could be shown to have resulted from instrumental delivery. On the contrary, the entire weight of evidence is conclusive in proving that the injury is a consequence of delay in delivery."

Menstruation is generally suspended during the existence of a fistula, but reappears after closure. Conception has, though rarely, occurred. Primiparæ, and especially elderly primiparæ, are the victims in nearly one-half of the cases and the numbers decrease in frequency with each additional labor.

If properly treated, spontaneous closure is frequently attainable in small fistulæ. As soon as a communication between the bladder and vagina is discovered, a self-retaining catheter should be introduced, frequent vaginal douches employed, and the lips of the fistula touched with nitrate of silver if the reparative process is delayed.

To J. Marion Sims belongs the honor of devising both the method and the means now generally employed in the repair of vaginal fistulæ. The Sims speculum furnishes the means of exposing the fistula; the practice of paring the edges of the opening obliquely was advocated by him; though not the originator of the silver-wire suture, to him it owes its introduction into general use; and the catheter which bears his name is still employed as the means of securing continuous evacuation of the urine. Sims advised waiting a few months after delivery before proposing an operation, in the meantime making every effort for a spontaneous closure.

Should constricting bands obstruct the field of operation, division of them and the insertion of a glass plug will be needful as a preliminary operation. When neglect has rendered the tissues unhealthy and excoriated from the constant flow of urine, sitz baths, the removal of incrusted phosphatic deposit, frequent vaginal douches, and the protection of the external genitals with ointment, will promote a return to a healthy condition.

Ordinarily the Sims position, the employment of the duck-bill speculum and lateral retractors will give the best view of a fistula.

The line of union should be in the long axis of the vagina when possible, but always in the direction in which the tissues can be brought together with the least amount of tension. Denudation of the margin of the fistula is effected by a tenaculum and long-handled scalpel or curved scissors. It should be done obliquely, or "on the bias," not including the vesical mucous membrane. A continuous strip should be removed when possible, as it insures thorough denudation. If upon the removal of the first strip a broader surface is needed, a second should be removed from the vaginal surface. Inclusion of the vesical mucous membrane may be followed by very troublesome hemorrhage, which in one case, operated upon by Peaslee, even proved fatal. Pressure, hot water, torsion, or if need be a fine ligature are used as hemostatics. Persistent hemorrhage from an inaccessible point upon the vesical aspect of the wound may be controlled by the following method, devised by Emmet: The fold of a handkerchief (antiseptic gauze) is pushed through the fistula into the bladder, and into the pocket thus formed a wad of cotton is thrust. This forms a knob upon the vesical surface of the wound and when traction is made upon the external ends of the gauze sufficient pressure is brought to bear upon the bleeding surface to stay the hemorrhage in the course of a few minutes.

Unless the fistula is too large and necessarily angular in form, the two extremities of the denuded surface should terminate at an acute angle in the vaginal tissues, to avoid puckering when the lips are united and a consequent liability to non-union at these points. The introduction of sutures should be commenced at the most distant point. A straight or slightly curved needle is employed. This is armed with a double carrying-thread of silk, to which a loop of No. 26 or 27 silver wire is attached and bent down tightly to give as little resistance as possible while passing through the tissues. Insert the point of the needle a quarter of an inch from the edge of the denuded surface; make it include all the tissues but the vesical mucous membrane; re-enter it just without the vesical mucosa of the opposite lip and bring the point out at a point corresponding to its entrance in the opposite lip. Counter pressure is made by a blunt hook. Place the sutures a quarter of an inch apart. Should the opening be of unusual size, or the tension necessary for coaptation marked, insert several deep "tension sutures" with intermediate coaptation sutures. Twist the sutures in the order of insertion. Make sufficient traction to draw the deepest portions of the lips together; apply the wire twister

and turn until coaptation is secured without strangulation. Continued blanching of the included portions will indicate too tight suturing. Examine carefully to see that neither inversion nor eversion of the edges occurs, but that their adaptation to each other is perfect. Having cut the wire three-quarters of an inch long, the ends may be conveniently turned alternately to one and the other side of the line of incision and bent flat upon the vaginal membrane. A triangular fistula will be T-shaped and a quadrangular fistula I-shaped when closed. Before leaving the patient the bladder must be emptied of any blood and a Sims sigmoid catheter inserted for continuous drainage.

After-treatment consists in vaginal injections and cleansing of the catheter twice daily, keeping the bowels confined until after the fifth day and removing the sutures upon the eighth to the tenth day. The recumbent position must be maintained until union is assured. Occasionally at the angles or elsewhere in the line of union small fistulæ remain, which may heal under the stimulating influence of nitrate of silver. In other cases repeated operations are necessary for ultimate success.

A few words may be said concerning the other and rarer forms of urinary fistulæ. When they can be reached with safety, vesico-uterine fistulæ should be closed by slitting up the cervix to the opening, paring its edges, and uniting the lips as in the operation for a lacerated cervix. If the uterine opening is so situated as to render this impracticable, the only other resort is to freshen both lips of the cervix thoroughly and unite them, thus shutting off the uterus from the vaginal canal. Menstruation is carried on through the bladder, and no evil results. One such case came under the care of the writer while resident gynecologist at Cook Co. Hospital. The cervix was closed by Dr. J. W. Streeter, with perfect relief to the patient.

Uretero-vaginal fistulæ are small in size and situated in the vaginal fornix. A previous history of pelvic cellulitis and abscess formation can frequently be obtained. Should the lower portion of the ureter still be patent it may be possible to close the vaginal opening and divert the urine to its proper course without occluding the upper portion of the ureter. When the vesical portion of the ureter is no longer pervious, it has been advised to excise an oval piece of the vesical and vaginal wall, forming a vesico-vaginal fistula into the upper angle of which the ureter opens. This fistula is afterwards closed, uniting only the vaginal mucous membrane at the upper angle to avoid compression of the ureter. When a uretero-vaginal fistula exists, urine will be passed in equal quantities from vagina and urethra, one kidney discharging into each passage. Injecting the bladder with colored fluid will determine whether the vesical portion of the ureter has become occluded.

According to Kaltenbach there are but nine cases of uretero-uterine fistula upon record.

The results attainable in operations for vaginal fistulæ are very satisfactory—less than three per cent. of the cases are absolutely incurable. But slight danger attends the operation. In one hundred and seventy-one cases operated upon by Emmet there was only one fatality, and that attributable to long-standing nephritis.

GYNECOLOGICAL NOTES.

One-third of all mothers miscarry before they reach the age of thirty years.

Rickets and idiocy may often be traced to over-production on the part of the mother.

With the menopause safely passed, woman has a prospect of longer life than man, at the same age.

The immediate operation for laceration of cervix is only warrantable when the extent of the laceration gives rise to severe hemorrhage.

Cure of a case of insanity by the correction of a retroverted uterus and the insertion of a pessary, has recently been reported.

If a woman remains sterile during the first three years of married life, the chances are thirteen to one that she will never conceive.

It is stated that malarial infection in a puerperal patient will not ordinarily retard uterine involution, though it markedly decreases the mammary secretion.

Authentic cases have been recorded in which the period of pregnancy has been protracted three hundred and thirty and three hundred and fifty days. Dr. Meigs reported a case which he believed to be entirely credible, in which the period of gestation was four hundred and twenty days.

In women after delivery a rapid subsidence of swelling in the lower extremities is apt to be accompanied by a severe pain in the same parts. This pain is due to a sudden relaxation of long-continued pressure on the nerves, and may be relieved by constricting the legs or thighs with rubber bands in such a way as to allow only a gradual escape of the fluid from the œdematous parts.

DEPARTMENT OF SURGERY.

CONDUCTED BY

CHAS. D. RICH, M.D., CHICAGO.

CONTRIBUTORS:

WM. TOD HELMUTH, M.D., NEW YORK.
HORACE PACKARD, M.D., BOSTON.
HENRY L. OBETZ, M.D., DETROIT.
W. A. FORSTER, M.D., KANSAS CITY.
D. A. MATCHAN, M.D., MINNEAPOLIS.
CHAS. M. THOMAS, M.D., PHILADELPHIA.
GEO. F. SHEARS, M.D., CHICAGO.
W. F. KNOLL, M.D., CHICAGO.
CHAS. E. WALTON, M.D., CINCINNATI.
W. E. GREEN, M.D., LITTLE ROCK.

SURGICAL PROGRESS.

SELECTED.

The year 1889 was marked by that steady improvement in the science and art of surgery which distinguished its predecessors. Especially is this true when abdominal surgery is considered, in which an improved operative technique and an earlier resort to operation now enable us to successfully interfere in cases that were formerly considered to be hopeless. The presence of peritonitis is no longer considered as a contra-indication to operation, while the opium treatment is no longer rigidly adhered to as was once the case. Gradually the opinion is gaining ground that perityphlitis, or, as it is now termed, appendicitis, is a condition requiring surgical measures in a large number of instances. It is also believed that the so-called perityphlitic abscesses are always intra-peritoneal. As a matter of fact, this condition is daily becoming more generally recognized as a surgical affection, and a timely resort to laparotomy promises the most favorable prognosis. Thanks to Prof. Senn's plates and the modifications which have since been proposed by others, the technique of anastomotic operations upon stomach and intestines has been much simplified, and the greater rapidity with which these operations can be performed will doubtless greatly diminish their mortality.

The improvements recently made in our topographical studies of cerebral lesions, and of lesions of the cord, have given a well-nigh mathematical accuracy to our operations upon these organs, and hence an impetus has been given to those procedures which results in an increase in the number of operated cases and of the successes which follow them. Traumatic epilepsy has been relieved or cured by trephining, cerebral tumors have been successfully removed, abscesses of the brain have been evacuated, while compression of the cord by depressed fragments of bone has been relieved.

The surgery of the nerves has also made noteworthy advance; the resection of nerves for the treatment of neuralgias, and the suture of accidentally-divided nerve-ends, is now firmly established in the domain of our art.

Of great importance are the advances made in the surgery of the bladder. To a great extent perineal section has given way to suprapubic operations, which, owing to the greater ease with which they may be performed, together with the safety owing to antiseptic measures with which they may be undertaken, are now resorted to in a large number of cases of urinary obstruction. In cases of marked prostatic enlargement we now possess in prostatectomy a radical procedure, first devised and performed by Prof. Belfield of Chicago, and now employed by a steadily increasing number of surgeons both here and abroad.

The value of iodoform as an antiseptic has been found less than was at first thought to be the case, but its efficiency in the treatment of tubercular affections is now better recognized, and good results have followed its injection in tubercular joints.

The toxic effects brought about by the absorption of corrosive sublimate, in the employment of this substance as an antiseptic agent within the large cavities of the body, have led to a gradual abandonment of this drug for that purpose. It is now principally replaced by the use of water sterilized by boiling.

In conclusion, it would seem that, after this brief retrospect of what has been accomplished during the year that has just elapsed, we are justified in asserting that our art and science have fully partaken of the steady improvement which is manifest in all departments of knowledge.—*International Journal of Surgery.*

There is no longer any excuse for suppuration in cases in which asepsis is possible.—*Dr. G. W. Crile.*

If care is taken to prevent suppuration, operation wounds heal as perfectly in tuberculous patients as in others.

In tuberculosis of the bones in young persons it is necessary to amputate far above the diseased part.—*Dr. LeDeutu.*

In tuberculosis of the bones of the upper extremities, operations, such as resections, give more permanent results than in the case of the lower extremities.

OPINIONS EXPRESSED.

An irritable bladder is more often a nerve symptom than a uterine one.—*Dr. Goodell.*

For several years I used Drosera in the high potencies, and the results were not satisfactory. —*Dr. Deans.*

Albumin in the urine probably means disease in some part of the body.—*Dr. C. S. Bond.*

The removal of the ovaries and tubes for tuberculosis is as much called for as is castration for tuberculosis of the testicle.—*Dr. Terrillon.*

Speaking for myself, with thirty years of active practice, I pronounce the opium treatment of peritonitis a miserable failure.—*Dr. C. Kennedy.*

But one well-authenticated case of death from chloroform (administered during labor) is on record where the administration was by a medical man, and in that case no necropsy was made.—*Dr. Allbright.*

One maxim which you should fix in your memory is, "Help Nature." If she wants a high fever, let her have it; if she wants a diarrhœa, consider what she is doing before you check it.—*Dr. T. F. Allen.*

It is constantly urged by our opponents that we—homœopaths—ignore pathology and simply treat symptoms. I maintain, on the contrary, that it is our opponents who are the true symptom-mongers—as we have been called. To give a so-called febrifuge or antipyretic for a febrile condition; an antacid for acidity; an astringent for profuse discharge, and so on, is, I hold, simply treating symptoms by their contraries, as was done two thousand years ago.—*Dr. Carfrae.*

A Relic.

But for this mistake of claiming to found a New School (!!), Hahnemann would have been honored to-day by *all* physicians.—*Dr. W. D. Bidwell ("Regular"), quoted in the N. Y. Med. Times, Feb., 1890, p. 346.*

Dr. Bidwell has stated the situation as fairly and justly as could be asked from one in his position, and the *full text* (!!) of his article is respectfully commended to homœopathic adherents.—*Editorial, in N. Y. Med. Times, Feb., 1890, p. 347.*

What I should like to see would be a change in the name; "Homœopathic" should be dropped and "New School" (!!) substituted.—*Editor of the N. Y. Med. Times.*

SELECTIONS.

Don'ts in Antiseptic Surgery.

Don't fail, when possible, to have a general bath before doing a major operation.

Don't do any operation with suspicious hands; hot water, soap, nail brush, and penknife should be carefully used by the principal and assistants before any operation. It is best to cut the nails very short, so there will be no place for germs to lodge.

Don't, just before or during an operation, put your fingers about your nose, eyes or ears, or use your handkerchief, or shake hands with anyone. It is better to offend a visitor than to run the risk of infection.

Don't pick up, or allow your assistants to touch any instrument, sponge or suture that has fallen upon the floor during the operation.

Don't bite off the end of a suture that it may the more readily be threaded.

Don't put your knife, or other instrument, in your mouth, or behind your ear, preparatory to its use.

Don't fail to detail some one to wipe your face during a long and laborious operation.

Don't cough or sneeze over the operative field; consequently the use of tobacco or the presence of a cuspidor should be forbidden in the operating room.

Don't fail, when possible, to have the patient bathed, and clothing changed, before an operation. When this is not possible, thoroughly cleanse the field, and never make or dress a wound where the surrounding parts have not been shaved thoroughly.

Don't allow any visitor to handle the field of operation, after the patient is prepared, unless he is aseptic.

Don't allow visitors who are doubtful, *i. e.*, who are attending patients with gangrene, erysipelas, or puerperal fever, etc., unless they have taken all precautions.

Don't fail to have the field surrounded by warm sublimated towels.—*Dr. Morgan, in Times and Register.*

An Easy Method for the Removal of Plaster-of-Paris Apparatus.

A plan for the removal of plaster and starch bandages, without the annoyance to the surgeon and the discomfort, not to say distress, to the patient attending removal by the shears, has been devised by Dr. Richardson. It consists simply in the application of a piece of wire under the bandage, which is made to cut its way out when removal of the apparatus is desired.

The limb is prepared for the bandage in the usual manner, either by the application of the flannel roller or by being well anointed with vaseline. A fine steel wire is then laid the length of the limb, in the situation that it is desired subsequently to cut, and firmly held in that position by an assistant. This is secured by a few turns of the plaster bandage, and the apparatus finished in the ordinary way.

The wire should project four or five inches at each end of the bandage, so as to afford sufficient support for a firm hold when the time comes for removal. These free ends of the wire may be bent down after the casing is completed, to prevent the annoyance to the patient which the sharp ends might otherwise produce.

When the removal of the appliance is desired, it is necessary to have the patient rest his limb upon a table in order that it may be perfectly steady, and while the lower projecting end of wire is firmly held in place, to prevent its slipping underneath the bandage, the upper end is seized by a pair of pincers and by firm traction is made to cut its way through the whole length of the casing. The apparatus may now be bent back and removed, the operation having caused no discomfort, which can hardly be said of the combined prying and cutting with a pair of plaster shears.—*Medical Record.*

Radical Cure of Ingrowing Toe-Nail.

The method was devised by myself, more than forty years ago; and, although frequently followed by myself and others here and elsewhere, has never, to my knowledge, failed to effect a radical cure.

It is a very simple procedure: Etherize the patient, unless he object. Remove with the knife the diseased fleshy parts, together with a large and thick slice of the healthy adjoining side of the toe. Let the cut begin or go well back, and let it be guided by the edge of the nail, which should be exposed, but need not, nor its matrix, be involved or injured thereby. Dress the wound with lint or absorbent cotton, firmly compressed upon it by a narrow roller bandage, and cover the whole with a good-sized piece of oiled muslin or silk, neatly secured in order to prevent any extra oozing of blood.

This is the whole of it. The patient lies abed for a few days, or immediately sits up, or hobbles about, as he pleases, even going to his work at once if necessary. From the moment of the operation there remains only a clean cut wound, to heal as other wounds of like dimensions, with less pain or annoyance in it than previously in the disease; while such as there is, rapidly decreasing, soon departs altogether.

This operation, one of the simplest ever devised for this affection, differs from all the others in its fundamental principle and purpose, namely, the producing of a radical cure by cicatricial contraction, and that by means of a wound of sufficiently large extent, in healthy as well as diseased parts. For, as such a wound heals, the remnants of the lateral fleshy nail-furrow, if any remain, together with the soft parts adjoining, are drawn in by the contraction, and, in this manner, are kept away from the edge of the nail. Thus the nail thereafter, in its ordinary growth, has nothing to imbed itself in, or even to impinge upon. A return of the affection is thereby put entirely out of the question—*Dr. B. E. Catting, in Boston Med. and Surg. Jour.*

Transplantation of Rabbit's Conjunctiva to the Human Eye.

Burns and scalds of the eye causing symblepharon of the lids to the globe were originally treated by operations whose object was mechanical separation of the raw surfaces until cicatricial action was complete. These were uniformly failures, as the interposed foreign substance was forced out by the advancing granulations at the bottom of the cul-de-sac. Plastic operations, where healthy bulbar conjunctiva was transferred with a pedicle to the raw surfaces of the lid conjunctiva, were and are successful when practicable. But many symblephera are so extensive that this method cannot find material for the flaps. And also on failure of this operation the cornea will lose more and more any remaining transparency. In such cases as these, it is, that the conjunctiva of the rabbit has been employed, and that with perfect success. The steps of the operation are the following, considerably modified and simplified since the first trial: (1) The adhesions are first separated by blunt-pointed scissors so that the eye can move in every direction; the conjunctival sac and cornea are cleared of nodules to secure an even surface. (2) Two rabbits are then put under chloroform, one being kept in reserve against any accident. (3) The conjunctiva lining the inner angle of the orbit of the rabbit is taken, covering the "membrana nictitans" and as far as the cornea, on account of its vascularity and looseness. If the palpebral opening be small, it is enlarged by a snip of the external angle. By means of a ligature through the free border of the lower lid, this is drawn open and kept steady and the conjunctival cul-de-sac exposed. (4) A black silk ligature is passed through the middle of the flap

to be removed, a knot is tied, and the ligature cut short. This knot is for a mark of the epithelial surface, which otherwise, when the flap curls up, might be hard to be detected. (5) Then the boundaries of the rabbit conjunctiva that is to be transplanted are marked by four black sutures also secured by a knot. Putting these on the stretch the conjunctiva is separated with scissors, and spread out by means of a fine spatula on the back of the left hand. The four ligatures are then removed and the flap trimmed to proper size. It should be larger than the surface for which it is intended. (6) After the bleeding from the patient's conjunctiva has subsided, the flap, by this dry as parchment and adherent to the dorsum of the hand, is lifted by the fine spatula and secured to its position on the patient's lid by six or more ligatures. This final step is quite difficult, the assistant keeping the flap in position by the spatula while the stitches are securing it to its new position. Lint and a bandage keep the eyes closed for four days, and the ligatures may be moved the sixth or eighth day. Except in children no anæsthetic should be used, as the operation is long and tedious. In children an anæsthetic might be employed during the first step. The following case may show the transition from the old method to the new. Jeremiah J., aged twenty-two, got his left eye burned by a flash of slag from a forge-hammer nine years ago. At the Manchester Infirmary he says attempts were made to keep the eyelids apart by strings and lead and a ring round his nose. When first seen, three years after the accident, both lids were completely fastened to the globe, the eye was "buried under the lids." After dissecting the lids from the globe the upper and outer quadrant of the cornea only was found transparent. An artificial pupil was formed, and the symblepharon remedied by transplanting rabbit conjunctiva, re-establishing the conjunctival sac fully with good vision. It is now fifteen years since this method was introduced by Dr. Wolfe. And though it gives good results, efforts are still made with mucous membrane of the mouth, and even vagina and prepuce.—*Lancet.*

Homœopathic Hospital College.—The Cleveland College has made a change in its governing board. In future the educational and financial control will be vested in a committee consisting of two members of the board of trustees, and four members of the faculty. The committee is composed of J. H. Wade and R. L. Willard, of the board, and Drs. H. F. Biggar, N. Schneider, W. A. Phillips and H. Pomeroy, of the faculty.

ANNOUNCEMENTS.

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

The week of April seventh was a memorable one in the history of this school. The graduating class was the first one to go out from the magnificent new college building, and the members also enjoyed the distinction of receiving their diplomas on Hahnemann's birthday.

Wednesday evening the

Hahnemannian Society

held its eighteenth annual exercises in the amphitheatre of the College.

Dr. G. Forrest Martin, '90, conducted the exercises, which consisted of an address by Selden H. Talcott, M.D., the Class Poem, by Geo. F. Laidlaw, "Prognosis," by Wm. J. Flint, and a "Send Off" by H. H. Hawxhurst.

The musical numbers were choice and well received by the large audience present.

Thursday afternoon, April 10th, the twenty-ninth annual

Commencement Exercises

were held at Chickering Hall, where degrees were conferred upon thirty-eight graduates. In the place of Dr. T. F. Allen, the Dean, who was unavoidably absent, the address on behalf of the faculty was delivered by Dr. J. W. Dowling. Hon. Rufus B. Cowing, president of the Board of Trustees, presided.

An interesting part of the exercises was the awarding of the prizes. The first faculty prize, a one-hundred dollar microscope, was awarded to Dr. G. Forrest Martin, of Cambridge, Mass., on the ground of his having received the highest average of marks in all studies during the college year. The hearty and unanimous applause with which Dr. Martin's classmates greeted the announcement of the faculty's decision was the highest compliment that could have been paid him, for when a verdict is in one's favor, there is no more disinterested jury than that which is composed of those with whom one has been in competition.

The second faculty prize went to Dr. Charles B. Flint, of Black River, N. Y. When the "Wales" prize, a pocket-case of surgical instruments, was awarded, a dramatic incident occurred which could not have been better done if it had all been previously planned. Dr. Danforth, Secretary of the Faculty, announced that two under-graduates, M. F. Hopper and B. Bierbauer, were both entitled to the prize, for their standing was the same—ninety-eight and seven-eighths. Consequently, it had been determined to award the case by lot. The two candidates

ere called to the platform and required to take air choice of two sealed envelopes, the one ntaining a blank. Dr. Bierbauer drew the ank, and Dr. Hopper got the case. As Dr. erbauer was about to retire Dr. Dowling tained him, and announced that after consulion with Dr. Helmuth they had come to the nclusion that the college faculty was more ighty than chance, and Dr. Bierbauer would so become the recipient of a case in every ay equal to the one already bestowed.

Degrees were conferred upon the following embers of the graduating class:

J. F. Ackerman, D. C. Adams, H. J. Ball, W. B. Breck, H. Bryan, F. W. Clark, E. D. G. Conkling, I. W. Denson, L. A. L. Day, L. W. Dean, G. C. Dunlevy, E F. gerton, B. H. Enloe, S. B. Elliott, W. J. Flint, C. B. nt E. A. Foster, G. W. Harder, H. W. Hanford E. W. tchcock, G. H Iler, G. F. Laidlaw, L. D. Levi, C. H. wis, G. F. Martin, J. M. Marsh, F. McConaughy, A McMichael, E. H. Noble, L. E. Poole, W. L. eters, G. E. Schuppan, M. M. Smith, H. Slade, W. S. alcott, C. B. Whaley, J. M. Watson, C. S. Winters.

In the evening occurred the eighteenth anual meeting and

BANQUET OF THE ALUMNI ASSOCIATION.

Delmonico's tables were filled with the members of the Association, who enjoyed what Joseph Howard vouched for as being the "hottest" spread that, in his experience, the prince of caterers had ever given. The President, Dr. J. Lester Keep, of Brooklyn, presided. He introduced Dr. Clarence Willard Butler, of Montclair, N. J., who made a record as toastmaster which future masters will find impossible to excel. The occasion was most enjoyable, and the spirit which pervaded the evening's festivities did great credit to the Association, and was an honor to the cause. Dr. F. Parke Lewis, of Buffalo, was listened to with intense interest as he held up to view the signs of the times, and Dr. Geo. S. Norton aroused immense enthusiasm by his appeal in favor, not of the "New School," but of the New York Homœopathic Medical College. Mr. Joseph Howard told some truths which, no doubt, all his listeners appreciated, and Marshall P. Wilder, the celebrated humorist, son of Dr. Louis de V. Wilder, one of the oldest homœopathic physicians of New York City, again and again convulsed the audience with his inimitable stories. The full list of respondees and their toasts included the Rev. Dr. Behrends, "The Clergy"; Hon. Rufus B. Cowing, "The Law"; Joseph Howard, Jr., "The Press"; Dr. J. W. Dowling, "Our Alma Mater"; Dr. Ch. Gatchell, "The Doctor Talks"; Marshall P. Wilder, "The Sunny Side"; Dr. F. Parke Lewis, "Our Visiting Friends"; Dr. G. S. Norton, "The Old Alumni"; Dr. Chas. D. Flint, "The Class of '90."

The following announcement of

NEW OFFICERS

was made: President, Dr. Everett Hasbrouck, of Brooklyn; Vice-Presidents, Louis Faust, Malcolm Leal, and G. W. Lawrence; Trustee, Dr. N. A. Mosman; Corresponding Secretary, Dr. J. B. Garretson; Recording Secretary, Dr. C. H. Helpich; Treasurer, Dr. E. J. Pratt; Chairman Executive Committee, Dr. A. B. Norton.

Final Announcement of the Thirty-Fifth Annual Session of the Illinois Homœopathic Medical Association.

The spacious parlors of the Palmer House have been secured for the use of the Association for the coming meeting, and they will be found to be well adapted to the purpose.

Delegates and visiting members will be accommodated at a reduction of half a dollar per day from regular rates.

RAILROAD RATES.

Reduced rates, one and one-third fare for the round trip, have been secured from all railroads in Illinois.

Important. In order to get the benefit of the reduced rates, members must secure from the ticket agent at the starting point a certificate and receipt. This must be countersigned by the secretary at Chicago. There must be no failure to secure this receipt at the starting point.

If the journey is made over more than one line, a separate local ticket and receipt must be obtained from each line, as none of the lines will honor other certificates than those of its own line.

The place of meeting is spacious and easily accessible.

For further information, see preliminary announcement.

It is expected that the coming session will be unusually interesting.

By the President,

F. W. GORDON, M.D., Sterling, Ill.

T. E. ROBERTS, M.D., Sec'y, Dunlop's Bank Building, Oak Park, April 15, 1890.

TITLES OF PAPERS ALREADY REPORTED.

Obstetrics, Dr. Lucy Waite, Chairman.

"The Forceps in Labor," Dr. L. C. Grosvenor.

"Care of the New-Born Child," Dr. Julia Holmes Smith.

"Trachelorrhaphy and its Relation to Subsequent Pregnancy and Parturition," Dr. E. S. Bailey.

"Care of the Mammæ," Dr. Lorinda G. Brown.
"Miscarriage and How to Treat It," Dr. A. G. Beebe.
"Anesthetics in Labor," Dr. Corresta T. Canfield.
"Delivery of the Placenta," Dr. H. M. Bascom.
"Phlegmasia Alba Dolens," Dr. Kate I. Graves.
"Change of Professional Opinion as to Instrumental Delivery," Dr. A. A. Whipple.
"Post-Partum Hemorrhage," Dr. Isadore L. Green.

Sanitary Science, Dr. L. C. Grosvenor, Chairman.
Subject of Bureau: "The Sanitary and Hygienic Conditions of our Public Schools." Several interesting papers on this subject are expected.

Diseases of Women, Dr. E. S. Bailey, Chairman.
"The Vaso-Motor Disturbances During the Climacteric," Dr. E. S. Bailey.

Diseases of Children, Dr. W. A. Smith, Chairman.
"Clinical Cases," Dr. H. P. Holmes.
"Clinical Reports," Dr. James B. Dunham.
"Reflex Symptoms Simulating Pathological Conditions," Dr. F. O. Pease.
"Cholera Infantum and Summer Complaint," Dr. W. A. Smith.

Materia Medica, Dr. H. M. Bascom, Chairman.
"Calcarea Phos.," Dr. W. A. Hall.
"Action of Some of the Remedies on the Back," Dr. T. C. Duncan.
"My Experience with the Tissue Remedies," Dr. A. G. Downer.
"Morphia and Opium Habit," Dr. Chas. M. Hazelton.
"Magnesia Phos.," Dr. H. M. Bascom.

Clinical Medicine, Dr. H. P. Holmes, Chairman.
"Influenza," Dr. A. A. Whipple.
"A Plea for the Homœopathic Treatment of Diphtheria," Dr. Ch. Gatchell.

Surgery, Dr. C. B. Kinyon, Chairman.
"An Ancient Dislocation of the Shoulder," Dr. A. A. Whipple.
"Surgical Bacteriology," Dr. Henry Sherry.
"Compound Fractures of the Skull," Dr. T. E. Roberts.
"Tuberculous Ostitis," Dr. C. B. Kinyon.

Many more papers have been promised, the titles of which have not been received.

Volunteer papers will be welcomed by the chairmen of the several bureaus.

Homœopathic Medical Society of Ohio.

This society will meet in annual session at Cleveland, Tuesday and Wednesday, May 13 and 14, 1890.

The Committee of Arrangements appointed by the Cleveland physicians have spared no pains to make this the best session in the society's history.

OFFICERS.

John E. Gann, M.D., Wooster, O., President; Orpha D. Baldwin, M.D., Cleveland, first Vice-President; C. A. Pauley, M.D., Cincinnati, second Vice-President; F. Kraft, M.D., Sylvania, Secretary; C. C. True, M.D., Cleveland, Assistant Secretary; H. Pomeroy, M.D., Cleveland, Treasurer; D. H. Beckwith, M.D., Cleveland, Necrologist.

CENSORS.

H. B. Van Norman, M.D., Chairman, Cleveland; H. E. Beebe, M.D., Sidney; J. H. Wilson, M.D., Bellefontaine; Wm. Owens, Sr., M. D., Cincinnati; R. N. Warren, M.D., Wooster; E. R. Eggleston, M.D., Mount Vernon; Flora A. Waddell, M.D., Wauseon.

CHAIRMEN OF BUREAUS.

Legislation and Statistics: Wm. Owens, Sr., M.D.; Sanitary Science: D. H. Beckwith, M. D.; Pædology: M. P. Hunt, M.D.; Clinical Medicine: C. O. Urvenus, M.D.; Anatomy and Pathology: A. L. McCormick, M.D.; Gynecology: W. H. Parmelee, M.D.; Surgery: G. W. Moore, M.D.; Obstetrics: J. Kent Sanders, M. D.; Nervous Diseases: J. D. Buck, M.D.; Ophthalmology: G. C. McDermott, M.D.

Homœopathic Medical Society of the State of Kansas.

The Twenty-Second Annual Meeting of the Homœopathic Medical Society of the State of Kansas will be held at Salina, Kas., May 7th and 8th, the first session beginning at 10 o'clock A. M., May 7th. Headquarters and place of meeting will be at the National Hotel.

You are cordially invited to be present. Lay your cares and work aside, and come and meet with us; we want the benefit of your knowledge and experience. We have reason to believe the meeting will be one of the most interesting and harmonious ever held in the State.

The bureaus are well supplied with excellent papers upon practical subjects, and I have the pleasure of announcing that Dr. W. A. Foster, Professor of Surgery in the Kansas City Homœopathic College, will be present, and read a paper on "Operative Surgery." He will come

pared to do any clinical work that may be sented. He will also perform the latest and st popular operation for "lacerated peri- m," if some one will present a case at the ic. Come, and bring your surgical cases h you. Prof. S. C. Delap, of the Kansas y Homœopathic College, will also be here, l will hold an "Eye and Ear Clinic" at a table hour during the session.

Prepare all papers for publication.

Fraternally yours,

D. P. Cook, M.D., *President.*

M. Jay Brown, M.D., *Recording Secretary.*

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mœopathic Medical Society of the State of Michigan.

The Homœopathic Medical Society of the te of Michigan will convene in the Senate amber in the City of Lansing, May 20th, 2 P. M. An address of welcome will be de- ered by Gov. C. G. Luce, and a response by . O. R. Long, of Ionia. The meeting will ntinue two days, closing at noon May 22nd. the evening of May 21 a banquet will be en by the friends of homœopathy, at which e we hope the physicians will meet many of citizens. The bureaus are all full, and a st interesting time can be expected. The eting is so arranged that all can arrive in d time on the morning trains of the 20th, y through and leave on the afternoon trains, s getting the benefit of the entire meeting. ery arrangement is being made to make this h a pleasant and profitable session. From ports, a full attendance is expected, and if so most enjoyable time is waiting all who may me.

D. M. Nottingham, M.D.,
President.

P. S.—Our local committee is very busy mak- g arrangements for a good time, and if the ysicians of the state ever turned out, they ould do so now. We surely want a good at- ndance, as we are making elaborate arrange- ents.

D. M. N.

Homœopathic Medical College of Missouri.

The Thirty-First Annual Commencement ercises of the Homœopathic Medical College Missouri were held on the evening of the 13th March, 1890, at Pickwick Theatre. Rev. J. . Ford, D.D., addressed the class on part of e faculty.

The awarding of the prizes was done by Prof. D. Foulon.

Prof. W. A. Edmonds conferred the degree of .D. on the class, there being twenty-three raduates, one *ad eundem*, and one honorary egree.

St. Paul, Minn., April 17th, 1890.

Editor Era.

Dear Doctor:—I am here to secure from the Northern Pacific R. R. the best possible excursion rates to the Yellowstone Park, for such of our members as may wish to visit that world-renowned resort, at the next meeting of our Institute, June 16th. I find the General Passenger Agent, Fee, in every way obliging, and ready to make a very low rate. They remember with pleasure the genial and jovial doctors who went over their road last year, and are anxious to have others go this season. The Yellowstone Park is constantly improving. Two very large hotels have been built for this season's use, one at Grand Canon, to accommodate 300 guests; and one at Yellowstone Lake, for 500 guests. Hitherto this lake has not been included in the regular circuit of travel; but new and expensive roadways have been constructed, the large and magnificent hotel built, and a fine excursion steamer placed upon the lake, and, this year, the Yellowstone Lake is an added charm for the tourist, making the length of drive from the Mammoth Hot Springs hotel through the park to Geyser, Grand Canon, Yellowstone Lake, etc., and return, over one hundred and fifty miles, through mountain and wildwood scenes, to be met with nowhere else on earth. Of all times, *June* is the best month to visit the National Park, the air, roads — everything, are then at their best. The Concord coaches, carriages, roads and hotels are all excellent, insuring comfort and satisfaction to the most fastidious.

COST OF THE TRIP.

From St. Paul or Minneapolis, complete tour of the Park, covering rail and stage transportation, sleeping-car fare, dining-car and hotel bills, ten days west of St. Paul, *and return*, $110.

This rate is between fifty and sixty dollars less than regular rates, besides being much the pleasantest way of going.

Please lay this before your numerous readers, so that if the busy doctor desires to run and rest, he can seize upon this golden opportunity.

Fraternally yours, Willis Danforth, M.D.,
Chairman Committee Local Arrangements,
American Institute of Homœopathy, 1890.

Indiana Institute of Homœopathy.

The Twenty-Fourth Annual Session of the Indiana Institute of Homœopathy will be held at Indianapolis, May 14th and 15th, 1890. Dr. J. F. Thompson, of New Castle, is President.

BOOK REVIEWS.

THE INTERNATIONAL MEDICAL ANNUAL and Practioner's Index for 1890. Edited by P. W. Williams, M.D., Editor in chief, assisted by a corps of thirty-six collaborators—European and American—specialists in their several departments. 600 octavo pages. Illustrated. $2.75. E. B. Treat, Publisher, 5 Cooper Union, New York.

This reference manual has made its eighth annual appearance. It fully sustains the reputation of its predecessors. The corps of department editors has been largely increased, and much new material added. These volumes contain a valuable *resumé* of the year's progress in medicine, and no physician does himself justice who fails to secure a copy. The material is fresh, and selected with great care and judgment.

PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES. An Atlas and Text-Book combined. By Geo. Henry Fox, A.M., M.D., Clinical Professor of Diseases of the Skin, College of Physicians and Surgeons, New York. New York: E. B. Treat. 1890.

Parts IX. and X. of this valuable work have been issued. They include Leucoderma, alopecia areata, keloid, fibroma, lupus and lepra, all of which are illustrated by colored photograph reproductions, which enhance the value of the text. Dr. Fox's descriptions are clear and lucid, and the recommendations for treatment are according to the latest teachings in modern dermatology. The work will help the general practitioner to the understanding of many obscure cases.

PARTNER WANTED—A young or middle-aged homœopathic physician with surgical experience and some capital, to join in enlarging an institute of medicine and surgery, in a city of 20,000 inhabitants. Have nearly all the medical and surgical appliances, oxygen and electrical rooms, good office and out-door practice. Address Dr. R. WILSON CARR, Sedalia, Missouri.

P. BLAKISTON, SON & CO., Philadelphia, will publish about May 15th, a new Medical Dictionary, by George M. Gould, A.B., M.D. It will be a compact one volume book, containing several thousand new words and definitions, collected from recent medical literature, while the total number of words is beyond that in any similar book. It includes also elaborate and useful tables of the Bacilli, Leucomaines, Ptomaines, Micrococci, etc.; of the Arteries, Nerves, etc., and of the Mineral Springs of the U. S., together with other collateral information.

WANTED.—Position as assistant to a homœopathic physician, by a young lady graduate of the Homœopathic Department of the University of Michigan. Address DOCTOR, care W. H. SCOTT, White Pigeon, Mich.

A RARE chance to the right man.—The right man can step into a paying practice of $3,000 a year in a town of 1,000 inhabitants, in central Ohio. Country as good as in the state, with excellent pike in every direction. The party must buy residence and office furniture and medicines. Will sell residence for $2,500, office fixtures will amount to about $250. Reason for selling is failing health. Address, MEDICAL ERA.

The last volume issued of ALDEN'S MANIFOLD CYCLOPEDIA is fully up to the high standard of the preceding volumes, and readers will be pleased to learn of the rapid progress the work is now making. A 40-volume Cyclopedia, including an Unabridged Dictionary of Language, large type, several thousand illustrations—all for $30.00, and even that in such easy installments as one pleases to ask, almost, is a great thing for the public! Specimen pages sent free to any applicant, by the publisher, JOHN B. ALDEN, New York, Chicago and Atlanta.

Drs. Jones and Bliem, San Antonio, Texas.

The undersigned take pleasure in announcing to their patrons and the public that they have associated themselves in the practice of their profession. In addition to the general practice of medicine, they will give special attention to surgery in all its branches.

Dr. Jones' Hours: { 11 a. m. to 1 p. m.
5 to 8 p. m.

Dr. Bliem's Hours: { 9 to 11 a. m.
3 to 5 p. m.

Telephones in office and residences.
OFFICE: 402 East Houston street.

JOSEPH JONES, M.D.
M. J. BLIEM, M.D.

THE CLINICAL REPORTER raps the knuckles of the peripatetic Dr. Howard Crutcher, who, over the pen-name of "*Similia*," offers his profound observations to the readers of the *Southern Journal of Homœopathy*, in feeble imitation of a department of the ERA that was established five years ago. After he has aired his notions a little more, and changed his politics to suit his surroundings every time he crosses the Ohio River, he will have to crawl through a smaller hole than he did when he essayed to read a lesson on political economy to the editor of the MEDICAL ERA.

THE MEDICAL ERA
COMBINED WITH
THE MEDICAL COUNSELOR.

TERMS: $2.00 PER ANNUM.

Books, Exchanges, MSS., Remittances, and all Correspondence should be sent to THE MEDICAL ERA, *Ann Arbor, Mich.*

Articles contributed to this journal are accepted on the condition that it shall enjoy the exclusive right to their first publication.

Requests for copies "not received" must be made within 30 days of date of publication.

THE MEDICAL ERA receives *no subscriptions* through pharmacies, "agencies," or other journals. *No exception to this rule will be made.*

PERSONAL.

DR. W. A. DUNN has moved his office to Central Music Hall.

DR. E. H. PRATT, of this city, will spend the summer in Europe.

DR. C. EURICH has removed from 80 Second avenue, to 119 86th street, New York.

DR. J. C. WOOD, of the University of Michigan, sails May 10th for Europe, to be gone four months.

DRS. J. M. AND J. D. MEADOW have located at Anniston, Ala., under the firm name of Drs. Meadow and Meadow.

DR. L. A. WOLCOTT, of Shell Lake, Minn., writes: "There are to-day many good locations in Minnesota where homœopathic physicians are wanted."

DR. C. H. LUTON, of St. Thomas, Ont., has been elected one of the homœopathic representatives to the Council of the College of Physicians and Surgeons, of Ontario.

DR. G. G. CLIFFORD has sold his entire interest in the *Southern Journal of Homœopathy* to C. Engelbach, of New Orleans, and Dr. C. E. Fisher has assumed editorial control.

DR. WELLS LEFEVRE, Hot Springs, Ark., has entered into business relations with Dr. V. H. Hallman, formerly of Waterloo, Iowa, under the partnership name of Drs. LeFevre & Hallman.

DR. E. M. MCAFFEE, of Clinton, Iowa, has formed a copartnership with Dr. J. C. Burbank, formerly of Freeport, Ill., under the firm-name of Drs. McAffee & Burbank. The new firm should do a smashing business.

COOK COUNTY HOSPITAL.—The successful candidates for positions as internes in the Homœopathic Department, Cook County Hospital, were, Drs. C. L. Bennett and O. C. Rees, Chi. Hom., '90; and Miss Mary Shibley, M.D., Hah'n, '90.

OBITUARY.

It is with feelings of deep regret that we are called upon to announce the death of the wife of Dr. I. N. Eldridge, of Flint, one of Michigan's pioneer homœopathic physicians. Mrs. Eldridge died April 12th, 1890, after a lingering illness extending over a period of three years. She was the daughter of Col. Cornelius Shepard, of Groveland, New York, and was married to Dr. Eldridge May 10, 1838. Thus had they lived together for more than fifty years. The many friends of Dr. Eldridge will join, we are sure, in expressions of regret and of the deepest sympathy, in this time of his bereavement.

I. O. Woodruff & Co.

We have received the following letter from Messrs. I. O. Woodruff & Co., of 88 Maiden Lane, New York, to which we cheerfully give insertion:

NEW YORK, April 18, 1890.

EDITOR MEDICAL ERA,

Dear Sir:—Our attention has been called to a letter in the April number of THE MEDICAL ERA, written by Dr. E. Elmer Keeler, of Syracuse, N. Y., a graduate of the New York Homœopathic Medical College and Hospital, of the class of 1886. As the doctor starts off with an erroneous premise and follows with a false statement, for us to take no notice of his letter might imply that his assertions were just and correct.

We therefore enclose herewith the circular and pamphlet sent to Dr. Keeler in reference to Freligh's Tablets (Cough and Constituent) for the prevention and cure of pulmonary phthisis, asking your perusal of the same. The doctor confines his letter solely to the Cough Tablets (of which he gives the correct formula), saying nothing of the more important Constituent Tablets, but erroneously stating that the Cough Tablets are "an old school remedy." The formula was placed in our hands by the late Dr. Martin Freligh, a graduate of the College of Physicians and Surgeons of the Western District of New York, class of 1834, and of the Hahnemann Medical College of Philadelphia, class of 1858; author of "Freligh's Compilation of the Homœopathic Materia Medica," "Homœopathic Practice of Medicine," "Homœopathic Pocket Companion," etc., etc.; a member during his lifetime of the Hahnemann Academy of Medicine, of the Homœopathic Medical Society of the State of New York, of the Homœopathic Medical Society of the County of New York, and of the American Institute of Homœopathy.

A glance at the pamphlet will show that no claim is made that the *Cough* Tablets will prevent or cure pulmonary phthisis, but it is specifically stated that they are "simply an auxiliary" to the Constituent Tablets—the true prophylactics—their therapeutic agency being of an entirely different character.

As we do absolutely no advertising for the eye of the public, confine our work solely to the medical profession, leaving our goods to be prescribed by the profession after thorough previous trial, we will only add, with reference to the Cough Tablets, that we have sold over 50,000 of them since January 1st, and our order book and letter file show the names of many of the most widely known physicians of this country and Canada.

Yours very truly,
I. O. WOODRUFF & CO.

THEY SAY

That benzine is a dead shot on roaches.

That death is the greatest satire on life.

That silence is golden, if others don't talk.

That even adversity is polite to a man's face.

That every tub should stand on its own bottom.

That sprays are worthless for the disinfection of air.

That in ancient times collars were ruff on the neck.

That the man who goes on a bust is generally busted.

That the latest thing in journalism is to imitate *this* page.

That there is no such thing as a good liar; they're all bad.

That the office with no salary attached generally seeks the man.

That people who live in glass houses should pull down the blinds.

That if you only look wise, it doesn't matter how little you know.

That it is not true that tooth-powder is made by grinding up old teeth.

That a man generally knows what's on the *tapis* when he steps on a tack.

That a man who puts a baby to sleep is greater than he who taketh a city.

That the hypodermic injection of warm water will relieve coccygodynia.

That the fellow who doesn't agree with you hasn't any sense, anyhow.

That in European countries commercial "beef tea" is made of horseflesh.

That when the Era has a few more imitators we will get up something new.

That the best substitute for wisdom yet discovered is silence, and lots of it.

That physical development requires food, air, light, sleep, exercise, and rest.

That the devil owes most of his success to the fact that he is always on hand.

That whisky is not good for weak lungs just because it makes the breath strong.

That it takes about three weeks to learn Volapük, but only half that time to forget it.

That a grain of common-sense sometimes weighs as much as a conscientious scruple.

That you should not look a gift mule in the mouth, but keep a weather eye on his heels.

That our boy says he didn't sleep very well last night, for he was unconscious most of the time.

That in case of death from electric discharge, the blood is the chief conductor of the electric current.

That it is not dangerous to hold pins in your mouth; it is only dangerous when you swallow them.

That there is a man in Chicago with such a wonderful stomach that he raises guinea-pigs and Spitz dogs.

That there is a girl in our block who doesn't look very strong, but you just ought to hear her play the piano!

That we are again called upon to remark that others may follow (yes, and they do *follow*) but the Era will lead.

That a machine has been invented that will slice and spread with butter seven hundred and fifty loaves of bread an hour.

That, notwithstanding a popular notion to the contrary, death occurs without predilection for any particular hour of the twenty-four.

That Gladstone's head has grown larger; we know a Chicago doctor who is in the same fix, but he'll come out all right after he cools off a little.

That a snail in the British Museum that had been glued to a card for four years came to life after being immersed in warm water. Do you believe it?

That the natives of Hayti believe phthisis pulmonalis to be both contagious and infectious, and they avoid it as they would yellow-fever or small-pox.

That the school which is said to be undergoing "fatty degeneration" was saved from the dry-rot by the failure of a certain eager aspirant for position to meet the high standard demanded by the board of regents.

That a patient who is addicted to the morphine habit may be detected in spite of denials by procuring a sample of the urine and adding to it a few drops of the perchloride of iron, when a characteristic blue tinge will appear.

THE MEDICAL ERA

COMBINED WITH THE MEDICAL COUNSELOR. DEVOTED TO HOMŒOPATHY AND THE ALLIED SCIENCES

VOL. VIII. CHICAGO, JUNE, 1890. No. 6.

EDITORS:
CH. GATCHELL, M.D.,
D. A. McLACHLAN, M.D.

This Association shall be styled the AMERICAN INSTITUTE OF HOMŒOPATHY, and *its object the improvement of homœopathic therapeutics and all other departments of medical science. — Constitution, Article I.*

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

Again an obligation rests upon the West.

A second time the American Institute of Homœopathy has honored it. We must sustain the reputation earned at Minnetonka.

Waukesha is adjacent to two of the largest cities in the country. It is easily accessible by railroads from every direction. The accommodations cannot be surpassed. The hotel is magnificent, the surroundings are delightful, the attractions are grand.

The physician who fails to support the National organization of his school, fails in duty, and leads a supremely selfish life. He enjoys the benefits of labor in which he does not share. Organization is necessary to successful effort in any great movement. No homœopathic physician in the land pursues his practice who is not under obligations to the American Institute of Homœopathy for privileges enjoyed, for rights maintained, for knowledge gained. The slightest return that he can make, is to render hearty support to the organization, and to attend its annual meetings.

The initiation fee is but a trifle. The annual fee entitles the member to a volume of the published Transactions, well worth the price.

It is the duty, it should be the pleasure, of every homœopathic physician in the country to attend this meeting, which already gives promise of being one of the largest and most interesting in the history of the Institute. The local committee has made arrangements for the entertainment of the members in handsome style, and all may depend upon enjoying a pleasant vacation, as well as having an opportunity to show their allegiance to that organization to which we owe so much.

Let all who were at Minnetonka come to Waukesha, and especially let all others come, who did not attend last year.

THE RESOLUTIONS OF '89.

One was adopted, the other rejected.

At the Minnetonka meeting two resolutions were introduced which, though a year has gone by, some people have not yet quite comprehended. One of these resolutions contained, among other matter, this clause:

> All such [journals] shall be embraced as avow the principle of similars as the dominating principle for the selection of drugs in the cure of the sick, and which also support the organization of homœopathy as a distinctive body in the medical profession.

The other resolution was one which, according to the announcement in the Transactions for 1888, should require—

> "—— Applications for membership to include a clause setting forth that the applicant 'is a believer in and a practitioner of homœopathy.'"

The former was adopted, the latter rejected.

There are those who have been unable to see the consistency of the Institute's action, or the

action of individual members, in supporting one of these resolutions and in opposing the other. It is for the benefit of such sufferers from astigmatism that we write.

First, we submit the following propositions:

I. No man can subscribe to the first of these resolutions and afterwards prove untrue to the obligation involved, without stultifying himself.

II. A man may subscribe to the second of these resolutions and the next day assume any attitude he pleases towards the homœopathic school, without proving untrue to any pledge.

On these propositions we challenge criticism from any intelligent person. He who cannot see the matter in its true light, should take lessons in logic.

The one resolution is a pledge of *loyalty;* the other demanded that an applicant should subscribe to a *creed.* When assuming public office a man is not called upon to state his *beliefs,* but he is sworn to "*support* the Constitution of the United States." There is a vast difference between the two.

And so there is a vast difference in the spirit of the resolutions of '89. The one was a *creed,* the other a pledge of *loyalty.*

True, the resolution that was adopted calls for an "avowal of the principle of similars," but this is not an essential part of the resolution, and could as well have been omitted without affecting the spirit of the act. That spirit is: "*Support of the organization of homœopathy as a distinctive body in the medical profession.*"

This is the vital part of the resolution. We so stated our belief at the time, and we so repeat.

The resolution was adopted, and its intent will be carried out.

As to the other resolution, it was rejected, and it deserved no better fate. It should never have been introduced.

Supposing that each member of the Institute, upon entry, should state that he is a "believer in and a practitioner of homœopathy." What of it? That is easy.

Any man could do so, and the next day, in perfect consistency with his avowal of the preceding day, become leader in a movement to do away with our distinctive title, and to disorganize our school with a view to its members joining old-school societies. Any man could do this without laying himself liable to the charge of inconsistency. But, on the other hand, after having subscribed to but a single clause in the other resolution, such action, in honor, would be impossible.

The American Medical Association, and the Medical Society of the State of New York (old school) are both boasting that they have recently repealed legislation which would compel an applicant for membership to forswear himself.

The American Institute of Homœopathy never had such legislation to repeal! Never, since the foundation of our National organization, has an applicant been called upon to retract anything, to renounce anything, or to promise anything. Our doors have ever been wide open, and so shall they ever remain.

But one thing we do ask, and that we have a right to expect:—After once having cast his lot with us, a man shall remain loyal to the best interests of our school as a distinctive organization. He shall not, while pretending to be one of us, occupy his time in trying to change our Christian name, or in delivering our hospitals or other institutions over into the hands of our friends, the enemy.

If he wishes to go himself, that is quite another matter; he shall have a "send off" worthy of the occasion.

ELECTION REFORM IN THE AMERICAN INSTITUTE.

The Massachusetts Homœopathic Medical Society has proposed a method of election reform which the American Institute might well adopt. It is a modification of the famous Australian ballot system, adapted to the purposes of a society of this character. It provides for the nomination of officers by the executive committee, or a caucus, or both, and for the elec-

tion by depositing tickets in a box provided for the purpose, which shall be kept open several hours on the day of the annual meeting.

While a study of the Massachusetts plan is, we think, objectionable in some respects, yet it would be easy to modify, and we trust that the matter may receive attention at the coming meeting of the Institute. Such a ballot-reform would rid our annual gathering of the "politics" that now form a part—and an objectionable part—of each meeting, and it would give opportunity for greater devotion to its true object, "the improvement of homœopathic therapeutics and other departments of medical science."

The *New England Medical Gazette*, with its customary enterprise in all wise reforms, has taken up the subject and presented it to the profession for consideration. We repeat, that with, possibly, some modification the plan might well be adopted by all organized bodies, the American Institute of Homœopathy among others.

It occurs to us that the plan, as proposed, might not, in two respects, work in a satisfactory manner: *to wit:* (*a*) An executive committee cannot *always* be depended upon to select candidates wisely and well; (*b.*) It would be utterly impossible to get together, a month before the annual meeting, a caucus which would be representative of the Institute. This might be done in a small State like Massachusetts, but it could not be done in the case of an organization covering the entire country.

However, such objections as these can probably be overcome. At any rate, the proposition is a good one, it is in the right direction, and we are in favor of election reform.

SPECIAL ANNOUNCEMENT.—In New York State the bill introduced by the friends of homœopathy—providing for separate examining boards for the several schools of medicine—has passed both the House and the Senate (in the latter by a vote of 23 to 3) and is now in the Governor's hands. Should it receive the executive signature, it will mark a signal triumph for our school!

ORIGINAL ARTICLES.

TREATMENT OF CARCINOMA.

BY J. S. MITCHELL, M.D.,
CHICAGO.

[Read before the Illinois Homœopathic Medical Association, Chicago, May 13-15, 1890.

NOTWITHSTANDING modern medical science has greatly diminished the death rate in by far the larger portion of diseases affecting humanity, that from cancer, the most deplorable and inexorable of them all, has steadily increased.

From data already collected it seems evident that the census of 1890 will show a much larger ratio of mortality from cancer in the United States than any previous decade. Its etiology is yet involved in much obscurity. Any facts bearing upon its successful treatment must, therefore, be of paramount value. It is fortunate for mankind that the disposition to deductive reasoning and intuitive perception, so distinctively feminine mental prerogatives, have been in a measure vouchsafed by inheritance and more constant association to many professional men, else in the domain of therapeutics we should be continually waiting for the cold facts to be thoroughly established before any considerable number would essay new methods of treatment. The Homœopath has moreover the stimulus of a theory to brighten dry disconnected scientific data, and incite to further research.

It is said it takes usually about four years to establish the real value of any new remedy or method of treatment. That is a very arbitrary limitation. So many factors operate almost immediately in determining the relative therapeutic efficacy of any new drug or a new method of application of a drug, that a much larger or shorter time may suffice. Brown-Sequard's testicular juice injections died out about as rapidly as did many of the patients upon whom they were employed. Declat's method occupied somewhat longer the professional mind, then almost became obsolete, albeit its merits entitle it to receive and will yet assert for it more attention. Other methods have held sway for longer periods with much modification of detail and diverse views concerning their value.

One year ago, in a paper read before the Chicago Academy of Homœopathic Physicians and Surgeons, I detailed a new method of treatment for carcinoma, illustrated with many clinical cases. My personal experience had then extended over a period of nearly three years. Since then sufficient time has elapsed to further demonstrate its value. I have

endeavored not to allow my enthusiasm to blind me to the actual clinical results. Not only my own experience, but that of many other physicians and surgeons has been confirmatory of its benefits. For the many kindly notices of my work, both editorially in our journals and by friends in the profession, I am profoundly grateful. As usual, the English language was not plain enough to enable statements to be made with such accuracy as to prevent false interpretation on the part of some. I never claimed to be the first to use Arsenicum, Hoang-Nan, Chloride of chromium, Carbolic acid, or any other drug. I simply claimed that I was the first to urge the use externally of homœopathic triturations of sufficient power to cause disintegrating effects, combined with continuous internal treatment. That I am justified in this claim I will only quote now from one reviewer. *The New England Medical Gazette* for June last, in an editorial notice of the paper, speaks as follows: "A new treatment for Carcinoma, new at least "so far as method is concerned, and in this "alone the author modestly claims originality, "is set forth in detail in a profoundly interest-"ing paper by Dr. J. S. Mitchell."

Observant readers of journals will see the necessity for and pardon this personal reference. That the method is novel is also demonstrated from the fact that my office table continually groans with letters from members of the profession asking for further details. That I may help to answer these and other inquiries that may later be suggested, I venture to give in this paper more fully the technique of the treatment. My experience has demonstrated that my early conclusions were mainly correct, namely, that the method is more valuable in primary cancers and epitheliomas. In that large class of cases, representing about 33 per cent. of all, namely, mammary cancers, it is valuable in, I am sorry to confess, only a comparatively small proportion, although further experience with primary cases is yet needed to fully determine this point.

For carcinoma of mucous surfaces and of the viscera, its scope bids fair to be enlarged beyond my early hopes. One thing is certain, for that class of cases, including the form of scirrhus, something better than we yet possess will have to be discovered. But, wherever situated, the possibility of cure pre-supposes a stage of the disease before general infection. By a cure I mean the eradication of all local manifestations, just as a cure is reported after extirpation and healing of the parts. It is not a cure, even of the epitheliomas if there remains after healing a hard ridge or lump at any part, for from such a surface recurrence may quickly occur. It is gratifying that the truth of the law of similia seems by this experience with cancers to have received a strong confirmation.

Hahnemann said of Arsenicum: "Its effects "are so powerful upon the human economy that "we cannot decide whether it is more hurtful in "the hands of the foolhardy than it is salutary "in the hands of the wise."

Arsenic could never have effected so many remarkable cures of cancer in the past, as witnessed by numerous physicians, among whom I will only cite Fallopius, Bernhardt and Ronnow, if its metallic oxide did not possess the homœopathic power of producing in healthy persons very painful tubercles, and deep and malignant ulcers, which are cured with difficulty.

The ancients would not have been unanimous in the praise which they bestowed on the arsenical plaster of Angelus Sala against pestilential buboes and carbuncles if Arsenic did not, according to the report of Degner and Pfann, give rise to inflammatory tumors which quickly turned to gangrene. Those who are unwilling to accept anything from homœopathic sources will note that recently Jonas Hutchinson states that Arsenicum will produce cancer.

Having already stated in former papers the reasons that led me to use remedies according to my present method, and the advantages which it possesses over the crude use of the drug, I will simply confine my remarks at present to the details of treatment.

For more ready analysis I will divide cancers into,

1st, Those of the external surface;
2nd, Those of mucous surfaces;
3rd, Mammary cancers.

For external surfaces I use Arsenicum trituration from 1½x upward. It may be asked why I use 1½x. Simply because I have such faith in the efficacy of trituration, believing it much better to have the double trituration than simply to take one part crude Arsenic to fifty of sugar-of-milk. Most of my cases have been best treated with the 2x trituration. For disinfecting and dressing purposes I use carbolized oil, one part carbolic acid to twenty parts linseed oil. Inasmuch as the purity of carbolic acid is essential, it is well to use Declat's nascent phenic acid. Cleanse the ulcer first with the carbolized oil, then dust on a portion of the Arsenicum trituration, enough to lightly cover the part. The quantity to be used varies. The

susceptibility to Arsenic is very great in some patients and they bear only a very minute application, others will tolerate a large quantity of the 2x. One physician writes me that a patient of his was unable to bear even the fifth trituration locally. Be careful in making the application to carry the powder well to the edge of the ulcer. After dusting on the powder cover with a layer of gauze, moistened with carbolized oil. Over this place a wad of absorbent cotton and hold in place with rubber adhesive strips; apply once or twice daily; if the patient is sensitive make daily application only in the morning. I usually prefer to dust the powder on the surface to be treated, but you will find in some situations it will be better to put the powder on a piece of gauze moistened with carbolized oil.

The second trituration is not very painful and usually the discomfort lasts only twenty or thirty minutes. It may be necessary in the course of the process if sloughing does not readily occur, to make one or two applications of 1½x. This will cause very rapid disintegration of tissue, it will almost make the parts boil. I do not understand from my experience with the triturations how it is possible for charlatans to use the strong arsenical pastes as they do.

In a paper read before the College of Pharmacy, Frank H. Moerk, Ph. G., reported the following analysis of a black powder submitted to him by Prof. Maisch:—

Moisture,	0.99.
Charcoal,	36.82.
Arsenious oxide,	62.19.

Dr. Purcell of Bristol stated in a letter that this powder had undoubtedly cured many cases of epitheliomas and other cancerous growths, also that it had a great reputation in the upper parts of New Jersey, and that money had been freely offered to obtain the secret of its composition, but all offers had been declined. The torture endured by those who submit to treatment with the crude Arsenicum or other caustic pastes is terrible. Fatality has also attended their use.

In treating a small tumor or ulcer, do not remove the slough until it comes readily. When fully blackened you may for a single day apply a poultice, if it cannot be easily removed, but much caution should be observed in the use of poultices, for if continued they only determine blood to the parts and induce growth.

In large cancers if there is much necrosed tissue, dissect carefully; even the cutting of minute pieces for microscopic examination is often attended with decided increase in the irritation and growth about the sore operated upon. If the parts do not slough quickly and considerable irritation is produced, stop the Arsenicum triturations awhile and use the carbolized oil alone. You will find that ofttimes its use will finish a case that looks unpromising. I have so far failed in only one case of facial epithelioma in which I promised any good result. After the failure of the Arsenicum trituration neither the Hoang-Nan nor the Chloride of chromium nor Zinc benefited. If contiguous glands are involved there is infiltration and though you may cure the main ulcer, recurrence or development about one of the infiltrated glands may be the cause of further progress of the disease. In all such cases your prognosis should be guarded. No matter how large or unpromising the case, you may be sure that you will render it clean, almost if not quite odorless, and much more comfortable by the above methods. In hopeless cases if the patient is sensitive to Arsenic, do not push it beyond the point of comfort, but use the carbolized oil freely. While pursuing the local treatment give internally Arsenicum, notably 3x trituration, and other indicated remedies, for internal treatment is even more favorable at times than those already cognizant of its value fully realize. Give Arsenicum for periods of a week or ten days, also as high as 6x and 30x.

Hoang-Nan promotes the necrosis when Arsenicum has only partially succeeded, and has also efficacy in subduing underlying irritation. It is not necessary to cleanse the parts by washing.

For mucous surfaces, if on the outer edge of the lips, apply as before directed for external surface, but with great care not to involve contiguous parts in inflammatory action. My experience in 21 cases of this kind convinces me that recurrence is usually very prompt and the fatal termination quick after extirpation; Satterthwaite says within a year. In uterine cancer expose the parts with a Sims' or duck-billed speculum and with an insufflator force on to the ulcerated surface the 2x trituration freely. There is little sensitiveness in this situation and but little danger from absorption, so that a free use can be made of the drug. These applications should be made from three to six times a week. After the powder has been projected on the parts, apply a moistened wad of absorbent cotton, upon which a portion of Arsenicum 2x trituration has been placed, directly to the surface. After from a week to ten days of this treatment, according to the appearance of the ulcer, one can stop and apply freely the carbolized oil.

In cancers of the rectum, if the parts cannot

be reached to make direct application, I use a solution of one-half an ounce of Arsenicum 2x, trituration to a pint of water by injection; this is freely used. Dr. Espey Smith, of this city, says he has effectually subdued a case of this form by the above means.

In a cancer of the stomach I injected subcutaneously a solution of Arsenicum 2x, one drachm to the ounce. The injections were made directly over the pyloric orifice.

Hoang-Nan seems to act more efficaciously in the first or second decimal trituration upon mucous surfaces than on the skin, and follows well after Arsenicum. It not only promotes sloughing, but it favors the healing process after the Arsenicum trituration has destroyed the cancerous tissue.

Mammary cancers—Unfortunately most cases of these that present are secondary cancers. When, after one or two operations, small nodules develop and ulcerate quickly, you have a favorable case. Treat each nodule as if it were an epithelioma of the integument; give also the internal treatment steadily. In the atrophic form, follow the internal treatment persistently. As the tumor diminishes in size it will show possibly a tendency to ulcerate, in which case treatment as above described will promise success beyond your expectations. In scirrhus with large everted edges we experience the least benefit; they may be rendered less painful, kept free from odor and their development somewhat arrested by the use of Arsenicum, Hoang-Nan trituration and carbolized oil and carefu application of the indicated remedy. Great care should be exercised, however, that the use of Arsenicum trituration, be not continued to the point of irritation and increased growth. In such cases it is doubtless better to amputate and treat the granulating surface as an open ulcerated cancer. I do not advise cauterization of sound integument to afford opportunity to apply remedies locally.

The use of electricity in cases of this kind has been oftentimes of value, but its effects are exceedingly uncertain, sometimes promptly reducing the tumor, sometimes rapidly inducing increased growth, but as yet our means of discrimination in just what cases to use it are not sufficiently defined. Apostoli's success with electricity in uterine fibroids justifies the hope that in these forms of scirrhus and in the sarcomas we may yet have more definite indications for its successful employment.

The method of treatment which I urge will sometimes fail as completely as the other generally accepted methods, but you will find it for the majority of cases a long stride beyond them all. Its greater efficacy in primary cancer should urge us to make every effort to secure early diagnosis, since there is no danger in using it in suspicious cases. Herein is one of its cardinal virtues. There are to-day hundreds, probably thousands of cases in the civilized world just developing which any physician with a little patience can doubtless cure, by the measures just detailed. General Spinner tells me that an epithelioma in the right side of his nose which I cured was just about the size and condition of the one on the other side, before the doctors began to cut and burn it, which is now the cause of his sore affliction. If any suggestions I may make enable any one of you to save or even prolong one such useful life as his, I am amply satisfied.

2954 Prairie Avenue.

DELIVERY OF THE PLACENTA.

By H. M. BASCOM, M.D.,

Ottawa, Ill.

[Read before the Illinois Homœopathic Medical Association, Chicago, May 13-15, 1890.]

At this, our annual meeting, we come together as physicians to listen, and to obtain from each other the knowledge we have gained from actual experience, and to give to the profession reports of our best work during the year.

Without being tried for egotism, one may come here with the consciousness of having conquered, whether it be a theory of the practitioner, an operation of the surgeon, an experiment of the chemist, or an aid to the suffering of woman under the care of the obstetrician. If, with this consciousness of having gained a point new to himself, or having tried the experience of others and found it wanting, then it is due the profession, as well as himself, that the matter should be offered for general discussion.

With this belief of having conquered, I present this paper on the old, worn-out subject of "placental delivery," believing it to embrace my best work for the year.

As to the management of the third stage of labor, I will not discuss the older methods, as laid down by Churchill and others, which really left all to nature except the traction on the cord, the worst thing that could be done. The cardinal principle to bear in mind is that the placenta should be expelled from the uterus by force or contractions from behind, and not drawn out by force from the front, applied to the cord. Uterine pressure, after the birth of the child, has been recommended by many English writers. The Dublin school, especially, has dwelt on its importance as a preventive of post-partum hemorrhage, but the distinct enun-

ciation of the doctrine that the placenta should be *pressed* out, and not *drawn* out of the uterus, we owe to Credé and other German writers.

Those who have not practiced placental expression find it difficult to understand that, in the majority of cases, the uterus may be made to expel the placenta from itself and from the vagina as well.

A little practice is, no doubt, necessary to effect this satisfactorily; but when once learned there is little difficulty likely to be experienced. These are the teachings of the best and latest authorities that I can find at present. Now, I want to go a little further, and anticipate Credé's method. You remember Credé's method is, after the birth of the child, the cord having been tied and the child cared for, turn attention to the mother, and, by pressure on the fundus of the uterus, cause contraction and expulsion of the placenta. My method of expulsion begins after the head of the child is delivered and the shoulder has passed the perineum safely (the point that my friend, Doctor Grosvenor, has explained to us so thoroughly). You have satisfied yourself that the delivery of the child is almost complete. At this moment you have heard many a woman say, "Thank God, I am delivered." At this moment of "last pain" just slip your right hand under the child's body to continue its support, protecting both child and mother, then with the left hand use Credé's method of expulsion or expression.

With this last contraction comes the body of the child, the retained amniotic fluid, the coagula, and many times the placenta itself. At any rate the placenta will come down about one-half, or more, into the vagina; not necessarily inverted, but cast off in a natural, sliding manner.

It then forms the best uterine plug, or tampon, ever found, if not completely delivered. By the time the cord has been attended to it is ready to be removed from the vagina without force. While attending to the cord the nurse or some one competent has continued gentle pressure. You have a firm, contracted uterus, one that you can depend upon. It will give you no cause for alarm or anxiety.

The following points I claim in favor of the practice of anticipating Credé's method:

1st. Absolute safety.

2nd. A saving of from thirty to sixty minutes of anxiety to the mother, as well as time to the physician.

3rd. Following out of the theory that rapid delivery facilitates rapid recovery.

4th. That thorough, steady, rapid contraction prevents hemorrhage; while slow, irregular, worrying after-pains promote hemorrhage.

ENTIRE ABSENCE OF UTERUS, TUBES AND OVARIES.

BY GEO. T. GREENLEAF, M.D.,

CHICAGO.

[Read before the Illinois Homœopathic Medical Association, Chicago, May 13-15, 1890.]

IN our studies, pathological and otherwise, we frequently encounter some freak in Nature's work that strikes us as unaccountable. Anomalies of all kinds we may meet, ranging from an absence of some organ that ordinarily seems indispensable, up to that strangest of all whims, if I may call it so, an ischiopagous monster. These cases are deserving of attention, and in the hope that it may be of interest, I have the privilege of reporting a case of entire absence of uterus, tubes and ovaries.

Dr. Thomas says: "Entire absence of uterus, tubes and ovaries is of so rare occurrence that pathologists have doubted its existence."

The case I have to report is that of a young woman who was brought to the office of a physician, a friend of mine, for treatment. He made the operation described in the presence of five physicians, so that it is not possible that any error in diagnosis occurred.

Miss Irene O., twenty-three years of age, a brunette; tall, well formed, and of pleasing appearance. First indications of maturity occurred at the age of fourteen; breasts developed, hair covered pubes, and general appearance of womanhood came on. The non-appearance of menstrual discharge called attention of parents to the fact that something was wrong. With the exception of simple home treatment, nothing was done to relieve the trouble. There has been an occasional epistaxis and hæmoptysis, and though these symptoms were not entirely regular, they seemed to show that Nature was making an effort to discharge a duty rendered futile by lack of proper organs to carry on menstruation.

The parents finally becoming alarmed at the condition of their daughter, brought her to the office of the physician. Upon examination, the external genitals were found to be as follows: Labia majora under-developed, about as would be found in a girl of fifteen. Nymphæ and clitoris rather small; meatus normally located. On digital examination, the finger passed into what seemed to be a normal vagina, to a depth of three inches, and brought up in a perfectly smooth blind sac. There was not found the slightest evidence of a uterus at this, nor at a subsequent examination, made under the influence of an anæsthetic. The physician thought he detected the presence of ovaries, but was not positive.

The parents were naturally very anxious for the welfare of their daughter, and determined to have an effort made to relieve her condition. The mental strain was beginning to tell, and she was becoming nervous and melancholy. Upon the repeated solicitations of the parents, the physician finally decided to make an exploratory incision, and, if thought advisable, to find and remove the ovaries, hoping by this means to check the monthly disturbance, and better the general condition of the patient. In the presence of several physicians, including myself, the abdomen was opened, on October 23rd, 1889. The incision was made in the median line, extending from a point two inches below the umbilicus, two inches down, and afterwards increased to three inches.

The bladder was normal in appearance, and in its proper location; but most diligent search, persisted in as long as was deemed safe, failed to find the slightest trace of uterus, tubes or ovaries. The vagina terminated in a smooth, blind pouch, with no perceptible thickening, and, by carrying the bladder with it, could be pushed out through the vulva. After this exploration we sewed the abdominal wound up and put the patient to bed.

She rallied well after the operation, and for the first three months seemed greatly improved; why, I do not know, unless it was from the moral effect. Since that time she has gradually dropped back to her previous condition, and is now about as she was before the operation.

Being very much interested in the case, I have looked up all the authorities in my library, and beg leave to quote from a few:

Hart and Barbour: "Complete absence of the uterus is an extremely rare occurrence, and cannot be demonstrated except on post-mortem examination. It has been described only in cases of fœtal monstrosities."

Skene: "Malformations, such as uterus bipartis, uterus duplex, uterus unicornis, etc., and rudimentary uterus, generally known as absence of uterus."

Cowperthwaite: "In some instances only a globular, solid, fibrous mass, about the size of a hazelnut, is found; sometimes there is to be found only a band of muscular fibre and connective tissue on the posterior wall of the bladder; other cases show a solid mass, shaped like the body of the uterus, and possessing rudimentary horns and round ligaments; in others there is a hollow membranous body, shaped like a normal uterus. The most frequent form of rudimentary uterus, however, is that known as uterus bipartitus, where we find lying between the bladder and rectum a body which resembles the normal uterus in shape, and which is composed of connective tissue interspersed with muscular fibres, and possessing rudimentary horns, which may be either solid or hollow. There may be more or less of a neck, which is inserted into the roof of the vagina. In such cases the ovaries and external genitals are somewhat rudimentary, but they may be well developed, and normal menstruation and ovulation occur."

R. Olshausen, M.D.: "Absence of both ovaries occurs in non-viable monstrosities, in whom the uterus is absent or very rudimentary, and the external genitals and vagina are also apt to be imperfectly formed. The reported cases of absence of both uterus and ovaries in living and adult individuals can no longer be regarded as authentic, since it is known that the constricted organ may be fixed in other places by torsion of its ligaments, and undergo marked atrophy."

E. Borner, M.D.: "If, under this definition (Defectus Uteri), we mean a complete absence of every trace of this organ in the pelvic cavity, the anomaly is an extremely rare one. It has been found not infrequently with extensive general malformations, acephalia, cardiac monstrosities, and others which render life impossible, but the absence of rudiments of the womb, at all events, is extremely rare in viable individuals or adults."

G. W. Johnson, M.D.: "Complete absence of uterus, a condition rarely met with in viable subjects, is by no means uncommon in monstrosities incapable of life. Whenever encountered, other evidences of a serious blow to the progress of development are almost always present in some portion of the genital apparatus. The individual, in voice, habit and general conformation, adheres to the female type, but the organs which characterize the woman may, alone or in combination, be entirely wanting, or else may exhibit all grades of rudimentary development. Defectus uteri is dependent either upon an entire absence or complete destruction of the median portion of Müller's ducts."

So far as I have been able to find from study and inquiry, no authority has had the opportunity which was vouchsafed us: An unobstructed view into the abdomen of an adult woman, where, with every advantage a skeptic

could ask for, no trace was found of uterus, tubes, nor ovaries. All assertions as to this condition have been based either upon a post-mortem, or superficial examinations of the ordinary character.

As to whether the operation was justifiable, I will not pretend to say. It seemed to us, under the circumstances, a legitimate way to investigate, and, whether right or wrong, the step was taken with the full consent and by the expressed wish of parents and friends, and the history of the case is an interesting one to the student of pathology.

URINARY ANALYSIS: TABLES WITH CLINICAL NOTES.

BY CLIFFORD MITCHELL, M.D.,
CHICAGO.

TABLE IV.

(*a.*)

Phosphoric Acid relative to Water. *Descending scale.*

	Male patients.			*Female patients.*		
	Grains per fluid ounce.	Grammes per liter.	%	Grains per fluid ounce.	Grammes per liter.	%
A¹	1.174	2.5	100	1.127	2.40	100
	1.117	2.38	95	1.070	2.28	95
	1.056	2.25	90	1.014	2.16	90
A	1.004	2.13	85	0.958	2.04	85
	0.939	2.00	80	0.901	1.92	80
	0.883	1.88	75	0.845	1.80	75
B	0.821	1.75	70	0.789	1.68	70
	0.765	1.63	65	0.732	1.56	65
	0.704	1.50	60	0.676	1.44	60
	0.648	1.38	55	0.66	1.32	55
	0.587	1.25	50	0.563	1.20	50
C	0.530	1.13	45	0.507	1.08	45
	0.469	1.00	40	0.450	0.96	40
	0.413	0.88	35	0.394	0.84	35
	0.352	0.75	30	0.338	0.72	30
	0.295	0.63	25	0.281	0.60	25
D	0.234	0.50	20	0.225	0.48	20
	0.178	0.38	15	0.169	0.36	15
	0.117	0.25	10	0.112	0.24	10
	0.061	0.13	5	0.059	0.12	5
	0.032	0.07	2½	0.028	0.06	2½
	0	0	0	0	0	0

Clinical notes: My records of analysis of the urine of American men in active business show the following:

Class A¹, 10 cases.
" A, 5 "
" B, 9 "
" C, none.
" D, none.

These patients, so far as known, have no organic disease, but merely suffer from the ailments of sedentary life. As many cases fall below 75% of the normal average as reach the normal average.

My records in a number of cases of Bright's disease, broadly speaking, are as follows:

In Class A¹, 6 *analyses.*
" " A, 8 "
" " B, 19 "
" " C, 14 "
" " D, 6 "

The cases in classes A¹ and A were mostly those of acute nephritis, chronic parenchymatous degeneration, or chronic hyperæmia. Phosphoric acid, in grammes per liter, may run very high in cases of chronic hyperæmia. In classes B and C were the cases of diffuse nephritis and those bordering on the sclerotic types, also one of the nephritis of pregnancy. In class D were those bordering on the sclerotic type and cases of pyelo-nephritis. The lowest percentage was found in a case of pyelo-nephritis ten days before death, in which in a urine of sp. gr. 1.013 I found but 0.40 gramme of phosphoric acid to the liter, or about 8% of the normal average. In another case, probably of pyelo-nephritis, in which the urea, grammes per liter, was higher than normal, and but a trace of albumin present, the phosphoric acid was but 25% of normal. This patient became blind and soon died, I am told, with uræmic symptoms. Male patients, with the usual symptoms of renal cirrhosis, may be well enough to be about and even attend to business when the phosphoric acid, grammes per liter, is only 33⅓% of normal. In one case where the patient was well enough to call at my office weekly for five weeks, I never found the phosphoric acid over 33⅓% of normal, (grammes per liter) and twice below 20%. In all cases presented, I obtained the total urine of 24 hours, mixed it, and measured it myself; took 50 c. c. of the mixed urine and estimated the phosphoric acid volumetrically with uranium nitrate solution, adding to the 50 c. c. of urine 5 c. c. of standard solution of sodium acetate.

Miscellaneous cases: In 100 different cases in which the general characteristics of Bright's disease were absent, and neither albumin nor casts were found in the urine, the results of analyses were as follows:

Class A.—Chronic spinal irritation, diabetes decipiens, renal colic, melancholia, uterine disease with reflex gastric disturbance, recurrent gastralgia, rheumatism and valvular disease of the heart, uterine disease with passive basilar hyperæmia, general nervous irritability, acid dyspepsia.

Class B.—Chorea, pregnancy, neurasthenia, irritation of base of the brain and spinal cord,

ataxy, catarrh of the bladder, diabetes decipiens, chronic articular rheumatism, catarrh of the neck of the bladder, aortic aneurism.

Class C.—Melancholia, diabetes insipidus, pregnancy in a case where there were 8 grains of sugar to the fluid ounce of urine, anæmia, diabetes mellitus, insomnia, posterior spinal sclerosis, general nervous erethism, paresis, school girl with headaches, chronic unmanageable constipation, softening of the brain (but in this case pus and albumin in the urine).

Class D.—One case only, and the diagnosis doubtful; polyuria the only marked symptom; possibly cirrhosis of the kidneys or cerebral trouble.

From a study of these cases it is evident that, before arriving at conclusions, *the quantity of phosphoric acid should be compared with that of the urea, or better still with that of the total nitrogen.* The results of a comparison in 200 cases will be published in another article.

(*b.*)

Phosphoric acid relative to Water. *Ascending scale.*

	Male patients.			*Female patients.*		
	Grains per fluid ounce.	Grammes per liter.	%.	Grains per fluid ounce.	Grammes per liter.	%.
	0.986	2.1	100	0.939	2.0	100
A	1.035	2.205	105	0.986	2.1	105
	1.083	2.31	110	1.030	2.2	110
	1.134	2.415	115	1.080	2.3	115
A I	1.183	2.52	120	1.127	2.4	120
	1.233	2.625	125	1.174	2.5	125
	1.282	2.73	130	1.221	2.6	130
	1.331	2.835	135	1.268	2.7	135
A II	1.380	2.94	140	1.315	2.8	140
	1.430	3.045	145	1.362	2.9	145
	1.479	3.15	150	1.409	3.0	150
	1.528	3.255	155	1.456	3.1	155
	1.578	3.36	160	1.503	3.2	160
A III	1.627	3.465	165	1.55	3.3	165
	1.676	3.57	170	1.596	3.4	170
	1.726	3.675	175	1.643	3.5	175
	1.775	3.78	180	1.690	3.6	180
	1.824	3.885	185	1.737	3.7	185
A IV	1.874	3.99	190	1.784	3.8	190
	1.921	4.095	195	1.831	3.9	195
	2.003	4.2	200	1.878	4.0	200
	2.220	4.725	225	2.113	4.5	225
Etc.	2.465	5.25	250	2.348	5.0	250
	2.712	5.775	275	2.583	5.5	275
	2.950	6.3	300	2.818	6.0	300
	3.205	6.825	325	3.053	6.5	325
Etc.	3.452	7.35	350	3.287	7.0	350
	3.698	7.875	375	3.522	7.5	375
	3.90	8.4	400	3.757	8.0	400

Clinical notes: The cases are as follows:

Class A IV.—Chronic renal hyperæmia.

Class A III.—Acute renal hyperæmia, gall stone colic, psoas abscess, renal colic, chronic renal hyperæmia, renal parenchymatous degeneration.

Class A II.—Insanity (two cases), supposed abdominal tumor, pruritus vaginæ, basilar passive hyperæmia.

In a case in which I found the phosphoric acid, grammes per liter, on two analyses, extending over some months, 250% and 165% of normal, post-mortem showed the following: Kidneys large, weighed 261 grammes and 274 grammes respectively; capsule easily detached, medullary portion congested, cut surface dark purple, surface smooth and dark red, not granular, pyramids stony to the feel, and other characteristics in the main of chronic hyperæmia.

Class A I.—Torticollis, melancholia,

I am indebted to Dr. N. B. Delamater for the diagnosis in the cases of nervous disorders, and to Dr. F. W. Holbrook for help in preparing the tables.

A SICK BABY, AND WHAT WAS DONE FOR IT.

By H. P. HOLMES, M.D.,
SYCAMORE, ILL.

[Read before the Illinois Homœopathic Medical Association, Chicago, May 13-15, 1890.]

THE last week in February I was called to attend a sick baby. This, you will think, is nothing remarkable, and yet we all meet with experiences in the treatment of babies, as well as other folks, which are worthy of being recorded.

The patient was a male child of ten weeks; bottle-fed, poorly nourished, wasted and wrinkled. The cranial bones over-lapped, so that, from a distance of several feet, the lines of union could be plainly seen. The skin of the face was wrinkled and drawn, like that of an aged person. There was an umbilical hernia protruding, the size of a walnut. A diarrhœa of green, watery, undigested stools, occurring many times a day, while severe colicky pains gave the child and attendants very little rest.

I said in the beginning that the child was sick; I will leave the scientific diagnosis to my hearers. My own diagnosis of the case is given in two words—*bad management.*

One of the first things to which my attention was drawn was the manner of dressing the child. The same old-fashioned abominations enveloped its body as were used in the days of our grandmothers. Bandage and pins; shirt, skirts with band and pins, pinning-blanket, etc. Compression here and distension there. No wonder the poor thing was possessed of a colic and an umbilical hernia. I recommended at once the manufacture and adoption of the Ger-

trude baby-suit, that great invention for suffering infantile humanity. Remove the band and shirt, and give the abdominal muscles and walls the same flexible play the Creator meant them to have.

The hernia was treated in the following manner: The hernia was replaced and the abdominal walls drawn together, so that a perpendicular wrinkle or fold was formed over the site of the rupture, and adhesive straps, one inch wide and six inches long, were applied in a cruciform manner. As often as the straps loosened they were replaced by new ones, applied in a slightly different direction, so as to avoid excoriating the parts.

The diet was changed from a patent infant-food to the milk of a fresh cow. The milk was diluted to the proper strength, which was to be governed by the character of the stools: the more tendency to constipation, the more the dilution.

For remedies, but four were needed to complete the cure: Nux, Colocynth, Magnesia phos. and Lactic acid.

At my first visit I found the child crying with colic, the abdomen was bloated to its fullest extent, excepting where the bandage kept the parts in a compressed state. Flatus was frequently passed upwards and downwards; apparent relief from the passage of flatus. Frequent, green, watery, undigested stools. All the abdominal symptoms worse after eating. Child continually writhing and crying, and even when asleep would moan most of the time. This had been the condition for two weeks. Magnesia phosphorica in the 200th was given, and the relief was almost magical. As the ill-fitting bandage was ordered removed at the same time, it is barely possible the relief was not all due to the remedy. From time to time, however, there were quite violent attacks of colic, which were pretty well controlled with Colocynth. The greenish stools were persistent, and did not improve in proportion to the general relief of the patient. Lactic acid was then prescribed, four drops in a half-glass of water, a teaspoonful after each nursing. Its action in correcting the color of the stools and improving the digestion was marked and prompt. [See *Medical Advance*, Oct., 1887, for an article on "Lactic Acid in Green Diarrhœa."] In a few days the diarrhœic condition had changed to one of constipation, and Nux vomica in the 30x was given occasionally until the trouble was corrected.

In the beginning the case was considered a desperate one by all who saw the child. At the end of a week no one doubted its ultimate recovery. At the end of a month the child seemed perfectly well; the aged, wrinkled appearance had gone, the cranial bones met in regular shape, the bowels were in normal condition, there was perfect rest at night, and all was well. At the end of six weeks the hernia was pronounced cured, and there is not a heartier babe of its age in our town.

The lesson to be learned from this case is the difference between the good and bad management of babies. The outrageous methods of dressing babies in the old-fashioned clothes cannot be too severely condemned The theory that the baby bandage will prevent a rupture was here proven false. The easy, prompt and thorough cure of an umbilical hernia by the simple procedure above given, is to be remembered. The perfect satisfaction to both infant and attendants given by the Gertrude baby-suit commends that style of infant dress to all.

They Say

That aqua fortis is nitric acid.
That aqua regia is nitro-muriatic acid.
That blue vitriol is sulphate of copper.
That cream of tartar is bitartrate of potassium.
That calomel is chloride of mercury.
That chalk is carbonate of calcium.
That salt of tartar is carbonate of potassa.
That chloroform is chloride of formyle.
That common salt is chloride of sodium.
That copperas, or green vitriol, is sulphate of iron.
That corrosive sublimate is bichloride of mercury.
That dry alum is sulphate of aluminum and potassium.
That Epsom salts is sulphate of magnesia.
That ethiops mineral is black sulphate of mercury.
That fire-damp is light carburetted hydrogen.
That galena is sulphide of lead.
That Glauber's salts is sulphate of sodium.
That glucose is grape sugar.
That Goulard water is basic acetate of lead.
That iron pyrites is bisulphide of iron.
That jewelers' putty is oxide of tin.
That King's yellow is sulphide of arsenic.
That laughing gas is protoxide of nitrogen.
That lime is oxide of calcium.
That lunar caustic is nitrate of silver.
That Mosaic gold is bisulphate of tin.
That muriate of lime is chloride of calcium.

WORTH KNOWING.

Phthisical patients bear operations as well as others if strict antiseptic precautions are observed.

Pulmonary phthisis is not a contra-indication for removal of tuberculous ovaries.—*Dr. Terrillon.*

Acute articular rheumatism is a frequent disease both in infancy and childhood.—*Dr. A. Jacobi.*

A pause between one respiration and the next indicates a pharyngitis, and differentiates it from croup.—*Politzer.*

Operations on tuberculous patients are chiefly dangerous because they necessitate rest in bed, which favors a febrile condition.—*Dr. Molliere.*

Screams of fear for a minute or two, arousing from a sound sleep of an hour or two, denote a gastric disturbance, often superinduced by a cerebral lesion.—*Politzer.*

Prolonged screams, increased palpitation, co-existing with fever and sweat, denote ordinarily rachitis, save in the case of diarrhœa, dysentery, or vesical lesions.—*Politzer.*

Water is often wanting in infants' and children's food, and its absence is the cause of dyspepsia and anatomical changes in the digestive organs.—*Dr. A. Jacobi.*

Silk, for ligatures in the peritoneal cavity, where no pus or infection exists, is the best; but if the case is one requiring the use of the drainage-tube, catgut should be used.—*Dr. Cushing.*

Attempts to throw down the germs in still air by the introduction of steam into the room give no satisfactory results, and sprays are also worthless for the purpose of disinfection of the air.

Some years ago I gave a lady a prescription for Lycopodium 5x, three pilules to be taken night and morning, with intermissions, for some weeks. She derived great benefit, particularly in the reduction of gouty enlargements of the finger-joints.—*Dr. John H. Clarke.*

Bilroth has lately drawn attention to the evil effects following the indiscriminate use of carbolic acid among the laity. He has observed a large number of cases in which trivial wounds, which under ordinary circumstances should have healed rapidly, had gone on to suppuration, and even gangrene, from the employment of strong solutions of the acid in the hands of the patient.

Protracted pregnancies are caused by a defect in the energy of the womb, induced by moral as well as physical influences.—*Dr. Napheys.*

In still air particles of dust containing bacteria are deposited on the floor of rooms, and the atmosphere becomes almost free from germs in one or two hours. If the floor and the furniture are then washed with an antiseptic solution, the room may be regarded as disinfected.

Fissure of the anus is by no means infrequent in very young infants. It is often very difficult to find when you look for it. When there is pain on evacuation of the bowels, and the presence of just a trace of blood mixed with the feces, you may suspect fissure.—*Dr. A. Jacobi.*

All cases of catarrhal and ulcerative appendicitis should be treated by laparotomy and excision of the appendix as soon as the lesion can be recognized. The most constant and reliable symptoms indicating the existence of appendicitis are recurring pains and circumscribed tenderness in the region of the appendix. —*Dr. Senn.*

The vomiting of pregnancy is divided by Dubois into three stages—the wasting, the febrile and the syncopal. For the first stage he advises purely medicinal treatment, for the second the induction of labor. Patients in the third stage he considers hopeless. Tornier, however, has even in the latter condition saved life by emptying the uterus.

The general rule is, that pus in the pelvis is always the result of diseased conditions of the uterine appendages, whether it occurs as a result of a ruptured extra-uterine pregnancy, a suppurating ovarian or dermoid cyst, or salpingitis, caused by gonorrhœa, parturition, dirty instruments, electricity, or what not. In general, then, when the surgeon finds pus in the pelvis, he will find its origin in the uterine appendages.

After the birth of the first child, on making an examination, the physician was satisfied that there was another child in the uterus. A short time after tying the cord of the first child, labor pains set in again, and the second child was soon born. The placenta was then delivered and it was found that there was but one for both children. The umbilical cord of each child was attached near the periphery, about equidistant in each case. The children were both girls, one weighing four pounds and the other four and a half.

Tuberculosis was unknown in Terra del Fuego up to the time of its invasion by the English. A missionary's wife with pulmonary tuberculosis, founded a school to civilize the young savages, and instead succeeded in killing them. This epidemic of pulmonary tuberculosis brought to Terra del Fuego by a missionary's wife decimated the poor population.

I am perfectly aware that many surgeons, myself among them, hardly ever employ the carbolic spray nowadays, but even without this there is, I believe, considerably increased risk to the patient in the exaggerated slowness of modern surgery. For a patient to breathe the vapor of ether or chloroform for over an hour is a serious matter for both heart and lungs, and when we add to that a steady drain of blood going on for an equal time, one cannot be surprised at the production of deadly shock.—*C. Heath.*

A case of acute rheumatism which I treated had a temperature that remained at 106° for several days. *Aconite* and packing had no effect. When I gave *Agaricus* and cold sponging the temperature came down, and the delirium passed off. I do not use cold bandages, as cotton wool with oil-silk covering acts as a vapor bath to the joint, which is bathed in moisture when the dressing is removed.—*Dr. R. E. Dudgeon.*

The facies ovarina of far-advanced ovarian disease is thus graphically described by Spencer Wells: "The emaciation, the prominent or almost uncovered muscles and bones, the expression of anxiety and suffering, the furrowed forehead, the sunken eyes, the open, sharply defined nostrils, the long, compressed lips, the depressed angles of the mouth, and the deep wrinkles curving round these angles, form together a face which is strikingly characteristic."

A foreign observer has carried out some instructive researches into the effect of salt on various pathogenic micro-organisms. He found that the results varied a good deal according to the particular microbe experimented upon. The cholera bacillus, for example, curled up and died in a few hours, while the bacillus of typhoid fever and the micrococci of pus and erysipelas resisted its influence for weeks and months. That part of his observation bearing on tuberculosis possesses a practical importance, owing to the custom in slaughter-houses of salting the flesh of animals recognized to be tuberculous, and exposing it for sale in the course of a few weeks. It has been shown that the tuberculous bacillus thrives in the presence of an excess of salt.

Silk-worm-gut has qualities that are possessed by no other material—that of being absolutely unirritating to the tissues in which it is imbedded, and non-absorbable—at least for a long time. It is the best material for closing the abdominal wall after an abdominal section. No stitch-hole abscesses have occurred in any of my cases where this material has been used. It is also an excellent material for perineal sutures.

If in a case of otitis or foreign body in the tympanum, the fundus of the eye presents signs of progressive hyperæmia and commencing neuro-retinitis, and no other cause than suppuration in the ear can be demonstrated, we should at once resort to trephining or removal of the foreign body by detachment of the auricle. We should not wait for the complete development of the neuro-retinitis or choked disk, but operate in the earlier stage of increasing hyperæmia.

Prostatic enlargements which give rise to urinary symptoms are intra-vesical, and not rectal. The proof of this is that the severity of the symptoms in a case of hypertrophy of the prostate, bears little or no relation to its apparent size as felt through the rectum, and it is also well known that a considerable number of men, aged fifty-five and upwards, have prostates of an abnormally large size; though of these only a small proportion—say fifty per cent.—suffer from urinary symptoms.

Since Charcot took up the suspension treatment of tabes according to the method of Motchukowsky, every neurologist in Christendom has experimented with it and contributed to current literature his favorable or unfavorable views as to its value. As is often the case with remedies advised in incurable diseases, it has had transitory beneficial effects in some patients, it has been followed by no result whatever in others, and in a few it has been productive of evil, and even of fatal, consequences.—*N. Y. Med. Jour.*

It is safe to say that there are hundreds of women marred and many killed every year because of the lack of a reasonable amount of skill being shown to detect a malposition of the fœtal head. Thousands of dangerous forceps operations are done by men incapable of making approximate diagnoses. I have known at least two cases of Cæsarian section in multiparæ who had previously borne children normally, and these formidable operations were done because a true conservative treatment had been ignored.—*Dr. McLean.*

In injuries of the bowel, and in a resection of the bowel for stricture, I have always used, for uniting the cut portions of the gut, fine sewing silk, and I think it is generally agreed that no material is so satisfactory as this for repairing a wound of the intestine. I prepare the silk by first winding it loosely on a wooden reel. This is then boiled in a saturated solution of water and hydronaphthol for half an hour. It is then placed in absolute alcohol, containing hydronaphthol, for twenty-four hours. It is then wound upon spools and is ready for use, the spool being dropped into a saturated solution of hydronaphthol and water each time before using.—*Dr. Cushing.*

A young man eighteen years of age, was admitted into Mount Sinai Hospital on October 3rd, 1889. Some weeks before he had begun to have pain and had noticed a swelling in the region of the collar-bone. There was no history of injury. His general condition was fair. There was evidently extensive necrosis of the clavicle, and on October 4th, under ether narcosis, the entire clavicle, being found dead, was removed. The periosteum was stripped carefully off, antiseptic dressings were applied, and the arm was kept in a position for fracture of the clavicle. The patient recovered rapidly, and on December 20th was discharged with a completely reproduced collar-bone, with new joints at the sternal and the scapular ends. The resultant shortening was inappreciable.

The surgery of the nasal passages has lately taken proportions far greater than ever before. There is no doubt that all considerable contractions in the air-admitting capacity of the nasal passages may be, and often are, productive of harm. Benefit derived from intra-nasal surgical measures by patients suffering from the anæmia which is inseparable from nasal stenosis, is shown by spectroscopic examinations of the blood, in reference to the amount of oxy-hæmoglobin contained before and after the operation. It is found that after the operation there is a constant increase in the percentage of oxy-hæmoglobin contained in the blood, and the increase of this substance is directly proportional to the relief which is afforded an impeded nasal respiration. These results are the more striking, since in only one of the cases treated were other remedial measures employed, and the cure of the anæmia seems to have been directly attributable to the removal of the diseased condition of the nasal passages. Patients should not be operated upon whose blood shows, by spectrum analysis, lower than six per cent. of hæmoglobin.—*Dr. Holbrook Curtis.*

SELECTIONS.

Peculiarities of Dispensary Patients.

This article would not be complete without giving a few of the peculiar answers to questions which some dispensary patients have given, and I will endeavor to repeat a few of them, as I recall them at the present time. One patient, in response to the question as to how she complained, replied that "she had been vomicking all day"; another said she had "too much of a headache"; another said she had "Infiluenza"; another had "ulsters on both legs"; another had taken "ginnine pills for her headache"; another had been told by a physician that she had a "frozen stomach"; another said that she had just recovered from an attack of "vocal pneumonia"; another one on her second visit to the dispensary was asked how she felt, and replied as follows: "With all due respect to yourself, I am worse, thank God"; another one being asked, in the course of questioning, whether she was sick at her stomach and vomited, replied, "Save in your presence, I do"; and another woman wrote me a note requesting me to send her some medicine for her child, whom she said had "brainkitiss."—*Dr. Ver Nooy, in The Chironian.*

Fistula in Ano and Consumption.

There is a definite relation between consumption and fistula in ano. The majority of fistulæ are due to local tuberculosis. In the clinic at Halle the presence of tubercle-bacilli is shown by microscopical examination or by inoculation into the anterior eye-chamber of rabbits.

As to the pathogenesis of fistulæ of this character, very small lesions of the mucous membrane afford the point of entrance to the tubercular virus, and it is characteristic that these small lesions of the gut must be present so that the germs imported in food or in the swallowed saliva may find their way into the loose periproctal tissue. Large ulcerations, also, occur in the rectum, but rarely give rise to tubercular periproctitis. Only in isolated cases in which no opening in the mucous membrane can be found, is a primary connective-tissue tuberculosis to be thought of. The rectum, like the cæcum and vermiform appendix, is very liable to acute inflammation, and to chronic ulceration from stagnation, etc., of the bowel-contents, and, to complete the analogy, peri-typhlitic abscesses are seen having the character of tubercular abscesses.

The propriety of the removal of tubercular fistulæ has long been proved. The old idea that the fistula represented a beneficial, natural, derivative action, which hindered the development of the phthisis, has proved false when investigation showed both diseases to be due to the same cause. A local tuberculosis should be removed wherever found, as thoroughly as possible, by incision and scraping.

The Subcuticular Suture.

This is the name given by Mr. Kendal Franks to a method of suturing wounds, especially small wounds about the neck and face, where it is desirable, for cosmetic effect, to leave as little trace as possible in the form of a scar. The suture is a continuous one, and fine catgut must be used and a fine curved needle. The needle must be passed horizontally, and at the cut edge of the wound, not at a distance from the edge, as in ordinary suturing. The author's description, in the *British Medical Journal*, is as follows: "I begin at a point about a quarter of an inch from the upper angle of the wound. The needle is passed horizontally underneath the epidermis of the skin into the cutis vera and emerges again from the cutis vera at the angle of the wound itself. It is then passed in a similar manner into the cutis vera alone of the opposite side of the wound, beginning at the extreme angle and emerging at a point a quarter of an inch from it. The catgut is drawn through so as to leave just enough at the first point of entrance to enable it to be tied to the portion of the suture which holds the needle.

"This forms a starting point. The needle is again inserted horizontally into the true skin, beginning immediately below the first point of entrance, and comes out again a quarter of an inch lower down; it is then passed similarly into the other edge of the wound at a point corresponding exactly to the last point of emergence on the opposite side, being brought out again a quarter of an inch lower down. This method is continued until the lower angle of the wound is reached." Of course, as the suture is tightened the cutaneous edges of the wound will be brought into close and even apposition. An experience of several years with this method, especially in connection with wounds made for the removal of scrofulous glands in the neck, has satisfied the author of its utility. It also has the indorsement of such well-known men as Dr. Clifford Allbutt and Mr. Pridgin Teale. It is but another form of buried suture, and certainly must require very delicate manipulation, a very fine needle, and aseptic catgut in order to insure a successful result. It is well conceived, and does away not only with the blemish of a linear scar in a conspicuous place, but also with the equal unsightliness of stitch marks. As the author remarks, this is not a slight consideration for women or for men with whom occupation or fashion interferes with their allowing the hair to grow in the vicinity of such disfigurements.—*N. Y. Med. Jour.*

Duodenal Ulcer.

Simple ulcer of the duodenum has many points of resemblance to simple ulcer of the stomach, and like the latter may remain latent for a long time and then suddenly manifest itself by an alarming hemorrhage or by perforation with a consequent violent peritonitis. There may be, and there usually is, hematemesis as well as intestinal hemorrhage. The hemorrhage from the bowel is sudden and profuse, usually coming on shortly after a meal and being attended with colicky pains.

The points of differential diagnosis between duodenal and gastric ulcer are the predominance of intestinal hemorrhage, the absence of disturbances of digestion, and the variability of the pain in the former. Moreover, duodenal ulcer is most frequently met with in men, while gastric ulcer, as is well known, occurs chiefly in women, notably in chlorotic young girls. The author concludes his article with the following proposition: When a man is suddenly seized with hemorrhage from the bowels, when there are no other disturbances than extreme anæmia, when these hemorrhages recur after intervals of apparent good health of shorter or longer duration, and, finally, when the functions of the stomach are rapidly regained after a severe hemorrhage, there is a strong presumption, amounting almost to a certainty, of simple ulcer of the duodenum.—*N. Y. Med. Jour.*

Points from Lectures.

Spongio-pyline sprinkled with hot, calendulated water is the best application to a carbuncle.—*Helmuth.*

In all Bryonia headaches, look for the aggravation from motion and the proneness to locate in the occiput.—*Moffat.*

Gonorrhœa with its complications sends more people to the grave than all the rest of the venereal diseases put together.—*Doughty.*

Although "cold, wet" is the typical aggravation of Dulcamara, I find that Dulcamara patients are also worse in clear, cold weather.—*Allen.*

Kalmia is a valuable and often-neglected drug in Bright's disease, being indicated by dull, aching pains which center in the muscles at the small of the back.—*Moffat.*

If a patient complains of a constant, slight pressure on the chest, with a hacking cough, examine the heart. In many you will find a weak heart, calling for Digitalis.—*Moffat.*

It is well to remember the aggravation of Phosphorus "by having the hands in water." It once led me to cure an obstinate cough in a washerwoman which was always worse after washing. —*Allen.*

By the use of a four, or even an eight per cent. solution of cocaine, instilling a few drops three times, at five-minute intervals, you can freely manipulate the ear in cases which formerly required ether.—*Houghton.*

I would advise you to keep your mind posted on the treatment of placenta prævia, post-partum hemorrhage, and other emergencies of obstetric practice, so that when the emergency arrives you will be prepared to meet it.—*Danforth.*

I think that most writers have laid too much stress upon the symptom "hasty micturition" as a diagnostic sign of locomotor ataxia, as I have seen this symptom frequently present where there was not a suspicion of that disease.—*O'Connor.*

Where the kidneys are organically affected, the phosphates are diminished as well as the urea. This is a valuable diagnostic point which is not often alluded to.—*Dillow.*

A good treatment for bed-sores is the alternate application of heat and cold, by means of two sponges and two basins filled with hot and cold water respectively.—*Wilcox.*

Squills is a remedy for many forms of bronchitis down at the base of the lung. The patient coughs and coughs, and finally gets up a little phlegm, giving temporary relief.—*Allen.*

A characteristic point of differentiation between catarrhal laryngitis and croup is that in the former the breathing is not audible, whereas in croup it is sawing in character.—*Deschere.*

A binder is useless unless it is broad enough to extend down over the hips. In corpulent women the binder is a great comfort, but in thin persons I hardly think it necessary.—*Danforth.*

When ascites in the female is sufficient to distend the abdominal cavity, it will be present and can be demonstrated in Douglas's cul-de-sac, which is often a valuable diagnostic sign.—*McDonald.*

In beginning a case of chronic disease, don't give Sulphur just because it *is* a chronic disease. You may miss the chance of prescribing the right remedy, as Calcarea, which covers a host of cases. —*Allen.*

The less a baby is handled, the better. It is not necessary to wash it immediately after birth. Wrap it in a *warm* blanket and lay it in a comfortable position until the mother no longer needs your attention.—*Danforth.*

A melancholia patient should be bathed every morning with a mixture of one part alcohol to four of water. This keeps the skin acting well. If the skin becomes dry, oil it with cocoanut-oil every evening.—*Talcott.*

Except in periostitis or syphilis, I give Asafœtida in the tincture, several drops in half a glass of water. In hysteria drugs should be given in a strength appreciable to taste and smell.—*Moffat.*

In a case of gangrene of the foot, Dr. Wilcox used oleate of morphine, a combination of morphine and oleic acid. This, when painted on the foot, is absorbed and gives relief without the constitutional effects of the opium.

In whooping-cough, give a dose of the remedy after each paroxysm, no matter how frequent. Then you can tell how your drug is influencing the cough. In diarrhœa, also, give a dose after each passage.—*Deschere.*

If the vital capacity is up to the normal we can exclude all diseases of the lungs and organic diseases of the heart, except aortic insufficiency or stenosis, as the left ventricle hypertrophies to compensate for the deficiency.—*Dowling.*

In tracheotomy, don't take the knife out of the trachea until you put something else in. In aspirating a perityphlitic abscess, don't remove the aspirating needle until you put a director into it; then you have a guide for the knife.—*Smith.*

The more I practice in New York among a rich and effeminate people, the more I look at the organs of digestion, and the more I use the alkaline earths, as Calcarea and Magnesia. The children of these people get into the habit of body requiring these remedies.—*Allen.*

It is the neglect of a slight degree of albuminuria which allows inflammations of the kidney to gain such headway, and which has made the term "Bright's disease" such a terror to the laity and to the profession. I believe that a nephritis, taken in time, can be cured just as any other inflammation.—*Dillow.*—*The Chironian.*

SOCIETY PROCEEDINGS.

THIRTY-FIFTH ANNUAL SESSION OF THE ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION,

Held at Chicago, Ill., May 13–15, 1890.

Convened in the club room of the Palmer House.

President F. W. Gordon, M.D., in the chair.

Meeting called to order at 11 A. M.

A motion was made that the minutes of the previous meeting be dispensed with. Lost. The Secretary then read the record of the previous meeting, which stood approved.

On motion the printed announcement of the session was adopted except that the President's address was postponed until the afternoon session.

President appointed the following as a committee on resolutions: Drs. H. P. Holmes, T. C. Duncan, C. N. Hazleton, L. C. Grosvenor, Lucy Waite.

As an auditing committee: Drs. W. H. Sanders, J. D. Dickinson, G. W. I. Brown.

On motion the following were appointed a committee on the President's address: Drs. C. B. Kinyon, W. J. Hawkes, C. A. Weirick.

The following communication was then read by the Secretary:

Mr. President and Members of the Illinois Homœopathic Medical Association:—For several years the MEDICAL ERA has, nominally, if not actually, been the official organ of this Association.

In order that members may feel perfect freedom, hereafter, to assign their papers according to their own preferences, I wish now, most respectfully, to withdraw the ERA from the position which it has occupied.

In doing so, I wish to express my thanks for the honor bestowed, and to assure the Association that the interest which the journal will take in its proceedings shall be as active as it has been in the past.

Very respectfully,

CH. GATCHELL.

MAY 13, 1890.

Dr. T. C. Duncan moved that the motion passed at a previous meeting, making the ERA the official organ of the association, be rescinded. The motion, being seconded by Dr. E. C. Williams, was carried.

Dr. W. A. Dunn made a few remarks in favor of the establishment of a Bureau of Rhinology and Laryngology.

Dr. T. C. Duncan favored the views of Dr. Dunn and said it would be necessary to refer the matter to the Committee on Constitution and By-Laws.

REPORTS OF BUREAUS.

MEDICAL LEGISLATION, JURISPRUDENCE AND EDUCATION.—In the absence of the chairman of the Bureau, Dr. T. C. Duncan suggested that Dr. Kinyon give some light upon the movements of the Committee on Legislation.

Dr. Kinyon: I have been corresponding with the members of this Bureau and expect an interesting report from Dr. Vincent, the chairman, later. The first thing for us to do is to look after the election of the State Treasurer. We should not be too anxious to get a State Treasurer from the northern part of the State. It would be better to have the Treasurer from the southern part of the State and the Governor from the northern part.

Dr. T. C. Duncan: There will be a great deal of canvassing to be done before our next meeting and the legislative committee should be a large one and well distributed. I suggest that a large committee be appointed to the end that we may secure a part of the State Insane Asylum.

Dr. Kinyon emphasized the importance of having a working committee on the ground at Springfield during the session of the next legislature. In his opinion one composed of twenty members would be none too many.

Dr. F. W. Gordon thought a committee of twenty none too large, but was doubtful whether the society would support that number at Springfield.

Dr. J. S. Mitchell: I quite agree, in the necessity for a large committee. We have no parallel with old Dr. Tritt, of Pennsylvania, who would leave his practice at any time for the good of the profession and work for weeks, if need be, at the State Legislature. Dr. Vincent has not had the support of this Society that he should have had. There should be a committee of twenty, with one member for a practical lobbyist to be on the ground all the time to watch matters. In New York a little handful of Homœopathic physicians staid the legislation that the old school were trying to get through.

The probabilities are that we shall find in the legislature one or two Homœopathic physicians.

I believe that with proper effort we shall be able to get what we deserve: one of the Insane Asylums of the State of Illinois. I move that the President increase the Bureau of Medical Legislation, Jurisprudence and Education from seven to twenty, the appointments to be made from different parts of the State.

The motion was duly seconded and carried.
On motion, adjourned.

2:30 P. M.

Meeting called to order by the President.
Obstetrics.—Dr. Lucy Waite, Chairman.
1st Paper—"Anæsthetics in the First Stage of Labor," by Dr. Corresta T. Canfield.

Discussion.

Dr. Grosvenor spoke of the abominable practice some old women have of telling the prospective mother all the hideous stories you or anybody else ever thought of.

Dr. H. P. Holmes: I have not thought of being able to prepare a paper on this subject, but since this paper has come up it calls to mind several cases in which I have used chloroform in first stages of labor. I was engaged for a confinement for the second or third child, providing that I would give chloroform from time to time. The first physician had used chloroform and the relief was so great that she wished it used again.

I watched the case until the agony grew worse and worse. I gave chloroform and the os softened down at once and the labor terminated in a very satisfactory manner.

I believe that chloroform is one of the best dilators of a rigid os that we can find.

Dr. Smith spoke of the value of a hot sitz bath in a case of hard, rigid os uteri at the date of the puerperium. I believe the proper homœopathic remedies are as good as morphine or anything else. The more we get away from Homœopathy the deeper we get into the mire and the farther do we get away from doing our patients good.

"The Forceps in Labor," by Dr. L. C. Grosvenor.

Discussion.

Dr. R. N. Tooker: I wish to correct the impression that might be made upon the younger members of the profession in regard to the use of the forceps under cover with the woman lengthwise of the bed. There are cases where it would be impossible for the lady to be delivered with her body lying lengthwise of the bed. There are also cases of post-partum hemorrhage that could not be managed with the lady lengthwise of the bed.

Dr. Blackman, Dixon: Sometimes we learn by bitter experience. I do not see any objection to laying the lady across the bed. It has always been my habit to cover the lady with a sheet. In this position we can have the lady entirely at our command without any exposure.

Dr. Knoll called attention to the importance of placing the lady in a favorable position when it was necessary to apply the forceps at the superior strait.

Dr. W. A. Smith asked if there were no ill effects from the frequent use of the forceps.

Dr. Grosvenor: I think lacerations are due, not to the use of the forceps but to their neglect.

Dr. Smith: I have had over three hundred cases of obstetrics and only one laceration of the cervix.

"Trachelorrhaphy and its Relation to Subsequent Pregnancy and Parturition," by Dr. E. S. Bailey.

Dr. W. F. Knoll compared Emmet's operation with that of Martin of Berlin, showing where the latter operation was superior to the former.

Dr. Grosvenor: Two lessons come to me from this paper, First, that we should not use ergot or the forceps until the cervix is dilated or dilatable. The other is, the effect on future pregnancy.

Dr. C. B. Kinyon: Dr. Grosvenor has covered my ground with his remarks. The key note is whether there is any cicatricial tissue left. I watched fifty cases that I have operated upon during the last ten years. Of these eleven cases have been pregnant, six of these had been sterile for from five to ten years before the operation. There is one point I found out which Emmet does not claim.

"Delivery of the Placenta," by Dr. H. M. Bascom.

Discussion.

Dr. Bailey spoke of the reports of the Dublin Maternity wards, where sixty-five hundred women were delivered without one case of puerperal fever; this being due to the mechanism of the delivery of the placenta without introducing the hand into the uterus, the pressure being made on the uterus above in the line of the outlet of the pelvis, not toward the hollow of the sacrum.

"Care of the Mammæ," by Dr. Lorinda G. Brown.

Dr. Tooker: Mr. President, if there is nothing more before the meeting at this time I would like to introduce a resolution which I am sure every member of this association will endorse.

Whereas, One of our most esteemed and useful members, Dr. George A. Hall, is confined to his home by a prolonged illness, and

Whereas, We miss his presence and his counsels, therefore

Resolved, That we extend to him our sincere sympathy and with it our earnest hope that he may speedily be restored to health and usefulness.

Resolved, That a copy of these reso-

ntions, signed by the President and Secretary, e sent to Dr. Hall at his residence in this city.

Dr. W. J. Hawkes seconded the resolutions, hich were unanimously passed.

Dr. Hawkes moved that a similar set f resolutions be sent to Dr. W. S. Gee, now l with phthisis in Colorado. Passed.

Discussion of Dr. Brown's Paper.

Dr. Hawkes laid a great deal of the trouble with the breasts to our faulty habits of living nd dress. In regard to the breasts he said: Let them alone. Take the pressure from the breasts. Let them have full play, then they will enlarge and the nipples stand out free and prominent, and there will be no trouble for the babe to nurse when the time comes. Nine-tenths of the gathered breasts is the result of the milk stagnating in the breasts.

Dr. Blackman: I would like to know if there are ever any inverted nipples in the city. We have them in the country. In the country the ladies do not lace so much as they do in the city. You take the German women, who are able to do their own work within a few days after labor, even they sometimes have inverted nipples. I would like to know how to draw them back.

Dr. Holmes: Country and city practice varies decidedly. We have a higher and a lower grade of development in the country. I believe that the country women are better developed than are those of the city.

Dr. Lucy Waite: I never saw so much tight lacing as I have seen on the country women. I believe we have a better state of hygiene in our city women than we have in our country women.

Dr. W. H. Smith maintained that the health of the country woman was superior to that of her sister in the city.

"Care of the New-Born Child," by Dr. Julia Holmes Smith.

In absence of any prepared paper Dr. Smith made a few extemporaneous remarks bearing upon the care of the cord, the baby's bath and dress.

Discussed by Drs. Duncan, Waite, Smith and Grosvenor.

SANITARY SCIENCE.—Dr. L. C. Grosvenor, Chairman.

1st Paper — "The number of hours that should be spent daily in school, especially the number that should be spent in the High School."

Discussion.

Dr. Lucy Waite was in favor of having a set of resolutions drawn up embodying the ideas of Dr Grosvenor's paper.

Dr. T. C. Duncan was of the opinion that many of the eye troubles among children were due to the unscientific placing of the windows in the school buildings.

Dr. C. H. Vilas spoke of the harmful effects of the highly-polished desks on the eyes.

Dr. Duncan moved that Dr. Blinn, of Chicago, and Dr. W. D. Gentry, of Rogers Park, late of Kansas City, Mo., be invited to join the society in its deliberations.

Passed.

Dr. Blinn made extended remarks on the difficulty of reaching the school room, especially the ill effects of climbing the stairs. From a sanitary point of view she advocated the cottage plan for schools.

Dr. Grosvenor said the time was at hand when in a few hours' time a large school building could be rendered as wholesome as if it were newly built.

The following resolution was then adopted:

Whereas, We believe that the sanitary condition of our schools is not in keeping with the advance in knowledge in sanitary science; therefore, be it

Resolved, That we, realizing our responsibility as conservators of the public health, 1st, that all school work should be limited to the hours of regular session. 2d, that more attention should be given to the construction of school buildings with the view of obtaining the best effect of light, heat, ventilation and plumbing. Also toward eliminating the necessity of climbing many stairs, by use of elevators or other practical means.

By motion the President's address was postponed until 11:30 A. M. of the 14th inst.

On motion, adjourned.

WEDNESDAY, MAY 14, 1890.—Meeting called to order at 9:45 A. M.

President in the chair.

In absence of the secretary Dr. Blackman, of Dixon, was appointed secretary pro tem. Call for Bureau reports. No member being present to report on bureaus, it was requested that Dr. J. A. Vincent make some remarks on the subject of Medical Legislation. Dr. Vincent preferred to confer with other members of his committee before making any report.

MATERIA MEDICA.—Dr. H. M. Bascom, Chairman. A paper entitled "The Morphia and Opium Habit," by C. N. Hazleton, was read by Dr. Bascom. Dr. Holmes thought the paper required discussion. Wished to enquire of the members present their experience with Erythroxylon coca.

2nd Paper — "My experience with the tissue remedies, Calcarea phosphorica," by Dr. A. G. Downer.

3rd Paper—"Tissue Remedies Homœopathically considered," by Dr. E. M. Hale.

Dr. Hale prefaced his paper with a few remarks. He thought the time was not yet ripe to report on these remedies.

If we only knew and paid attention to Hahnemann's opinion of the theory, we would be slow to take up Schüssler's theory. Schüssler's theory is that in a dynamic form these remedies supply the need in the system of a certain drug. As yet we had no proof that such was the case and until that time does come we are not able to properly apply these remedies.

4th Paper—"Calcarea Phosphorica," by Dr. W. A. Hall.

Discussion.

Dr. Hale thought that some homœopathists were making fools of themselves over Schüssler's remedies. Dr. Duncan was of the same opinion as Dr. Hale.

5th Paper—"A Remedial Spinal Study," by Dr. T. C. Duncan.

Discussion.

Dr. Hale: I am sure that if all these drugs are proven we should find all the symptoms they have cured. If the clinical experiences had been proven sufficiently I should have used the remedies.

Dr. H. P. Holmes: I agree with Dr. Hale entirely in regard to the theory of Schüssler's practice. My faith in the homœopathic law is so thoroughly established that I believe in using remedies because they are homœopathic. I was one who assisted in the proving of Magnesia phosphorica, which was reported by Dr. Allen. I recorded the experiences of four provers. It convinced the provers, and one of them, an allopath, that there was a power in Magnesia phosphorica even in the two hundredth potency. For colic I think Magnesia phosphorica is one of the best remedies we have. I have used Kali muriaticum in croup and think it is equal to Spongia or Aconite. Ferrum phosphorica has been of use in rheumatism.

Dr. T. C. Duncan: It is a good thing to discuss the theory of the action of our remedies. It has a good effect on the old school. I have used Magnesia phosphorica for the colic of babies.

6th Paper—"Alternation of Remedies," by Dr. C. E. Laning.

Discussion.

Dr. W. J. Hawkes: No matter governed by law is superior to law itself. We profess to believe that Homœopathy is a science under a law. If we know the sphere of action of a drug by proving it, and if these provings are to be made upon one remedy at a time, is it not extra-legal to say that you can prescribe them in alternation? We know that our remedies are proven singly and the record of these provings is the guide to the selection of the one remedy. Is there anything better? How can we scientifically prescribe them in alternation? If it is right to prescribe three or six, it is just as right to put the whole materia medica together and cure all your patients. What do we learn by prescribing remedies in alternation? We learn nothing. We do not know which one does the work. Something in that paper would lead me to think that drug substance comes above disease. The individual is a whole and the evidence of disease is that nature has gone wrong. It is not that he has pneumonia or typhoid fever, the remedy goes to the nerve centers, and corrects the derangement of the nerve centers. It is not necessary that a drug should produce scarlet fever in order to cure it. A prophylactic works by diminishing the disease tendency in the individual. Different persons may live under the same circumstances and no two of them be affected in the same way. That is the philosophy of medicine: It cures the predisposing causes of disease.

I was very sorry to hear such a paper from Dr. Laning. He was my associate for several years and I expected better things from him.

Dr. Laning closed the discussion by maintaining that it was a common experience for two drugs to work well in alternation when neither would do the work alone. Anything could be overdone, but by judicious alternating much good can be done.

At 11:30 President's Address, Subject, "Psychical Medicine."

On motion Dr. J. S. Mitchell was requested to read his paper on "The Treatment of Cancers."

Dr. J. S. Mitchell moved that the Secretary be authorized to send a telegram of greeting to the Indiana State Homœopathic Medical Association, now in session at Indianapolis. Passed.

Dr. Mitchell then read his paper, after which the Association adjourned.

The Association called to order at 2 P. M. by the President.

Diseases of Women.—Dr. E. S. Bailey, Chairman.

1st Paper—"The Surgical Management of Epithelioma of the Uterus," by Dr. J. W. Streeter.

Dr. W. F. Knoll: I am very much pleased with the remarks of Dr. Streeter. I think he has touched something which is too often overlooked and which often costs the patient her life. I believe in the first place the disease is purely local. When once the disease invades the tissue beyond the seat of the disease, it gives the cancerous cachexia. I believe that every malignant growth in the first place

local one. I think all cancer cells are simply normal tissue cells trying to reach maturity but on account of the local irritation they do not do this but finally break down and are discharged. If you can operate early enough you can save your patient. I believe that the time will come when patients will live as long after an operation for cancer, as after the operation where the method of Dr. Streeter is used, and diagnosis of the case made early.

Dr. Vincent: I have no hesitation in saying that my experience does not bear out the statements of these gentlemen. I do not believe that there ever was a case of cancer that was not developed without the genuine constitutional dyscrasia. I have cured a great many cases of incipient cancer which old school physicians said would have to be removed by the knife. I have cured them by local and internal medicine. I believe that three-fourths of the cases which are reported as cured by the knife were not cancer at all.

Dr. Streeter: About ten per cent. of cancer cases can be traced to some hereditary dyscrasia, sometimes away back in the family. I do not disagree very much with Dr. Vincent. I do not believe that many of us have skill enough to cure a well marked cancer. I believe a woman with a true cancer of the uterus will not live more than eighteen months untreated. If we can lengthen that life five years I believe we are justified in resorting to surgical measures. Medicines are just as applicable after the knife as they were before.

2nd Paper — "Congenital Absence of the Uterus, Tubes and Ovaries," by Dr. J. F. Greenleaf. Paper read by Dr. W. S. White in absence of Dr. Greenleaf.

Discussion.

Dr. J. W. Streeter thought this a unique case, but believed Dr. Greenleaf was erroneous in his conclusions. The uterus was undoubtedly absent, but there must have been ovaries in a rudimentary form somewhere, else she could not have had the vicarious menstruation. He had seen one case of absence of the ovaries.

3rd Paper—"Case of Dysmenorrhœa with Ar eversion, treated by Galvanism," by Dr. Lucy W ite.

Discussed briefly by Drs. W. H. Smith and C. B. Kinyon.

4th Paper — "Chronic Dysmenorrhœa," by D. Alice Ewing.

Dr. Blackman moved that some future hour be allowed the Bureau of Diseases of Women.

assed.

URGERY.—Dr. C. B. Kinyon, Chairman.

A Case of Trephining for Epilepsy," by Dr. G F. Shears.

The case was brought before the members for illustration and examination.

On motion of Dr. Holmes a vote of thanks was extended to Dr. Shears for presenting such an interesting case to the Association.

Carried.

Discussion.

Dr. W. F. Knoll spoke in favor of the mallet and chisel for trephining, believing the work could be more quickly and safely done with these instruments than with the old-fashioned trephine.

Dr. W. A. Smith reported a case in which convulsions had returned one year after operation.

Dr. Shears thought the trephine a safe instrument for the young surgeon to use in preference to the mallet and chisel.

2nd Paper—"An Ancient Dislocation of the Shoulder," by Dr. A. A. Whipple.

Discussion.

Dr. Shears: It is very infrequent that such successful manipulation is met with at the end of twelve weeks. I had a case recently of ten weeks' standing.

3rd Paper—"General Tuberculosis," by Dr. W. F. Knoll.

Discussion.

Dr. Shears: There are several instances when the disease is general where the surgeon can be of much good to his patient. For instance, once there was the time when a fistula in ano in a tuberculous case would not have been operated on; now we would operate upon it and make the patient better and more comfortable.

I recall a case of general tuberculosis with tubercular deposits in the bladder on which I operated, giving the patient much relief.

Dr. H. P. Holmes: I have not anything to say about the surgical topic of tuberculosis, but I wish to say a few words about the bacteria of tuberculosis.

I opposed the bacteriological theory for a long time, but I now see that I was on the wrong side.

Dr. H. C. Allen said that it had been proven that the bacillus of tuberculosis and the bacillus of cholera were the product of the disease and not the cause of it.

Drs. Kinyon and Holmes spoke in favor of the bacteriological theory.

Dr. Knoll, in closing, said:

I would agree with Dr. Shears that there are, at times, distressing symptoms in a patient suffering with general tuberculosis which require surgical treatment for their relief, and it is not only our privilege but our duty to do so.

That which I desired to convey by the paper is that no one should operate upon those cases with the aim of curing the disease, when, perhaps, he cannot make the smallest incision without increasing the suffering and shortening the life of his patient.

To relieve is proper, but to make the hopeless attempt to cure is an act which deserves the censure of every good surgeon.

In regard to Dr. Smith's question, we have but to look in the vegetable world anywhere for a proper answer.

Plants, like animals, have their "choice," "so to speak," of location and soil.

Wheat grows best in the Red River region, corn in Southern Illinois, rice in the Carolinas, and yet we could not have these cereals in any of those districts were it not for the pre-existing wheat, corn and rice from which the present growth springs.

The world-famed Florence Nightingale said in regard to the cholera in Asia that every case springs from a pre-existing case as much as their cats and dogs spring from pre-existing cats and dogs.

There must be the three elements: The seed, the soil and the climate.

There are certain individuals who never take a contagious disease, while others need but a single exposure to be the victim of any prevailing contagious disease.

Dr. Allen, by his remarks, I judge, doubts whether bacteria are ever the causative factor in disease.

This, of course, opens the great question of bacteriology and the principles upon which it rests.

Take it apart from the actual demonstrations it must be evident to every logical mind that when I am afflicted with a certain form of disease, and that a person coming in contact with me is soon taken down with the same disease, having all the characteristic symptoms, a third person is exposed, and he, too, has the disease with all the symptoms and lesions, and so on indefinitely, until thousands are afflicted, that there must have been a something which has passed from me to the second person, from the second person to the third, and so on.

Now, that something which had the power of passing from one individual to the other and of multiplying to an indefinite extent must be either an animal or vegetable growth, because these properties belong only to the members of the animal or vegetable kingdoms.

But we have the actual demonstration.

Bacteriologists have found a definite and specific form of bacterium present in every patient suffering with certain types of disease. That bacterium has been separated from the pathological tissue in which it was found, and placed upon culture substances in an incubator and generations after generations produced until all the original tissue and first colonies were lost. With these last cultures they have made injections into the tissues of the lower animals, and in almost every instance the original disease was typically reproduced.

These bacteria also show a preference for special foods in and out of the body. In the body they make their choice. Some live in the mucous membrane, some in the skin, some in the blood, some in the nerves, &c. Out of the body, some grow best upon potatoes, some on blood serum, some on gelatine, some on beef broth.

With a high-powered microscope they are just as different in shape, size and general appearance as plants and animals of a higher order. Size makes no difference whatsoever so long as we can distinctly recognize them.

The argument that this interferes with our law of cure certainly cannot be defended from the standpoint of logic. Bacteriology deals with the cause of disease and not with the cure.

Not a single point gained by bacteriology conflicts with our law of cure, and I sincerely believe that the man who is the most conscientious student of the causes of disease will be the most consistent homœopathist.

Our duty is to learn the truth, and it has never been known that one truth interferes in the least with any other truth, and I do not believe that the laws of nature will be violated in this instance.

4th Paper—"Surgical Bacteriology," by Dr Henry Sherry.

Dr. Duncan moved that time be given Dr. Vincent to make his report on Bureau of Medical Legislation, Jurisprudence and Education.

Carried.

Report read by Dr. Vincent.

Dr. C. B. Kinyon reported the following resolutions:—

Whereas, Being fully aware of the fact that if we, as a school, would obtain our rights we must assert them, then be it

Resolved, That we not only ask but demand recognition at the hands of the State by being given the charge of one or more of our State penitentiaries.

Resolved, That we as a Society pledge our earnest support of all laudable efforts on the part of the legislative committee toward the securing of this much desired result.

Resolved, That the Bureau of Legislation be instructed to concentrate its efforts to secure homœopathic treatment in one of the State Insane Asylums, to be provided for during the

coming winter, and to that end we recommend that the Bureau of Legislation be empowered to enlist the assistance of from one to three homœopathic physicians in each Assembly District, and that for the necessary expenses the Bureau be authorized to draw on the Treasurer to an amount not to exceed two hundred dollars ($200.00).

Dr. Duncan seconded the resolution, after which it was adopted.

On motion adjourned at 5:45 P. M.

THURSDAY, MAY 15, 1890.—Meeting called to order at 9 A. M.

President in the chair.

CLINICAL MEDICINE.—Dr. H. P. Holmes, Chairman.

1st Paper—"The Remedy," by Dr. W. A. Smith.

2nd Paper—"The Bicarbonate of Soda Treatment of Naso-Pharyngeal Diseases of Children," by Dr. Alice Ewing.

Discussion.

Dr. Holmes: I would like to hear this paper discussed, because catarrh is one of the most stubborn things we have to deal with. My experience has been so discouraging, I have failed to help any patient very materially.

Dr. W. A. Smith: Dr. Campbell of St. Louis spoke of a ten per cent. solution of Soda bicarbonate. I have never tried the powder but I shall at the first opportunity.

Dr. Hawkes: There are substances very much better for local use than the Bicarbonate of soda. I know this is a queer climate. Catarrh is simply an expression of a constitutional taint. We have in this as in all chronic diseases, a predisposing and an exciting cause. The predisposing cause is a constitutional taint.

The exciting cause is the atmosphere or substances carried therein. Now first we must correct the constitutional taint, so we give the remedy.

When we use these local applications we are liable to cause a great deal of trouble. I have known of several cases who have been injured thus in my own practice. It is a great card to l able to cure catarrh.

It is my practice to use nothing locally except s mething cleansing and then give the indicated 1 medy.

It is well to warn your patient that it will ke a long time to cure him, and that there is a reat deal of difference between suppressing tarrh and curing it.

Dr. Smith: I did not understand by Dr. ving's paper that she used the Bicarbonate of la for every case of catarrh.

I would like to know what Dr. Hawkes uses. I use the Bicarbonate of soda when I have a hot, irritating discharge.

Dr. Hawkes: Is it not an astringent effect that you get? There is nothing soothing in soda. It is simply an astringent.

Dr. C. H. Evans: The fashion was to lay all the causes of catarrh to the climate. The climate is bad enough but it is not to blame for it all. They have catarrh as badly in Denver as they do here. You cannot lay all the causes of catarrh itself upon the weather. I think catarrh is found more in spleeny subjects who are predisposed to chronic inflammations. It is very hard sometimes to find a remedy which seems to be indicated.

Dr. J. A. Vincent: This question of nasal catarrh is one of more than ordinary interest. It will bear discussion and interchange of views. I do not suppose there is a physician in the room but who has been baffled in these cases of catarrh in children.

I agree with Dr. Hawkes that this disease depends upon the constitutional dyscrasia.

As far as climate is concerned I do not think it has very much to do with the progress of any case. I know of no part of the United States that is free from it. I have treated patients from all the different districts and they say there is more in other places than there is here. Of course it is worse in some localities. I have a son who traveled in New Mexico in order to get rid of the disease. He writes that people there have it worse than in Chicago.

Dr. Laning said that blood stasis was often the basis of catarrh and if this were found it would have to be removed. In nine cases out of ten you will find hepatic derangement. I have several cases which are more or less influenced by location. When the discharge is acrid and irritating, soda might help by neutralizing the discharge and thus stopping the irritation. Of one thing I am positive, that is, that many of the curative remedies are those which act especially upon the liver.

3rd Paper—"Influenza," by Dr. A. A. Whipple.

Discussion.

Dr. C. E. Laning: There seems to be a tendency to combat the theory of Bacteriology with that of Homœopathy. We may not be able to kill the bacteria but we can give a homœopathic remedy which will help to ameliorate the bad effects caused by the same.

Dr. W. J. Hawkes: I am glad to hear this paper because it has the true scientific ring.

Whatever the cause of the grip, the only thing to do is to place the patient under perfect

hygienic conditions and then to give the proper homœopathic remedy.

Dr. C. B. Kinyon was inclined to the opinion that the grip proper is the result of the ptomaines throughout the system.

4th Paper—"Tachycardia Vaso-Motoria," by Dr. E. M. Hale.

Discussion.

Dr. Smith spoke of a case that had been helped by Convalaria majalis.

Dr. E. C. Williams gave the history of a case which had been under his care three months making rapid progress under Spigelia 6x every three hours.

5th Paper—"Electricity in Connection with the Vital Forces," by Dr. Adam Miller.

On motion of Dr. Laning extra time was allowed the Bureau to complete its report.

6th Paper—"Diphtheria," by Dr. H. C. Allen.

Discussion.

Dr. Laning: I would like to know if Sac. lac would not have done just as well as the Lycopodium?

Dr. Allen referred him to Dr. Fellows, consultant in the case.

Dr. C. B. Kinyon: I fear the effects of the teachings of this paper.

Dr. Adam Miller spoke highly of the local and internal use of Bi-chloride of mercury.

7th Paper—"Constipation, its Causes, Effects and Homœopathic Treatment," by Dr. H. P. Holmes.

Dr. Tooker rose to a point of order and was sustained.

It was moved and carried that the Bureau of Neurology be called.

Neurology, Psychology and Electrology—Dr. C. E. Laning, Chairman.

1st Paper—"Dynamic Forces Underlying Disease," by Dr. Julia M. Orr.

2nd Paper—"The Advantages to the General Practitioner of a Knowledge of the Nervous System," by Dr. C. E. Laning.

Dr. R. N. Tooker rose to a point of order, speaking as follows: It is a question of the legality of this meeting. Our Constitution calls for a meeting on the third Tuesday in May. I would not speak of this were it not that we might possibly get into trouble.

President Gordon said he had never been able to get hold of a copy of the Constitution or By-Laws, and was anxiously awaiting the report of the committee chosen to resurrect them. He did not think the legality of the meeting would be questioned.

Committee on Constitution and By-Laws.—The Special Committee on Constitution and By-Laws, appointed at the meeting at Sterling, last year, respectfully report that, owing to the removal of one of the members of this committee in whose hands the manuscript was held, and the inability at the present time to procure this manuscript, the only report is that no progress has been made that can be presented at this session. E. S. Bailey, *Chairman.*

Dr. Kinyon moved that the report be accepted, and that the President appoint a new committee to report to the next meeting.

Carried.

On motion, adjourned.

2 P. M.

Meeting called to order by the President.

Committee on the President's Address.—It is with the greatest pleasure that we give our unqualified endorsement of our President's able address, and, by way of emphasis, wish to call especial attention:—

1st. To his statement that more attention should be given to psychological medicine.

2nd. At the same time disavowing all sympathy with the so-called Christian Science; and

3rd. His admirable statement of the absolute necessity of using our best endeavors in season and out of season to assist in arresting, and, as far as possible, doing away with the use of all intoxicating beverages. C. B. Kinyon, *Chairman.*

Diseases of Children.—Dr. W. A. Smith, Chairman.

1st Paper—"Clinical Cases," by Dr. H. P. Holmes.

2nd Paper—"Cholera Infantum and Summer Complaint," by Dr. W. A. Smith.

Discussion.

Dr. H. P. Holmes was glad that Dr. Smith had recognized the germ theory in his paper.

Dr. Duncan spoke of the importance of having regular nursing hours. In cholera infantum the thing to do is to suspend all food until we have the gastro-intestinal affection under control. Nestle's Food is very good for this class of cases.

Dr. Grosvenor also emphasized the importance of regular nursing.

Dr. Gentry spoke of the importance of a perfect physical nature on the part of the child. He held the parents and doctor responsible for great neglect in some cases. Several cases of reflex nervous trouble due to sexual irritation from a too tight foreskin were reported. After the phimosis was relieved by circumcision the nerve reflex symptoms speedily disappeared.

Dr. Holmes had been investigating the same subject and favored the views of Dr. Gentry. An illustrative case was cited where the child was relieved of an obstinate enuresis by circum-

cision. In females he advised the examination of the clitoris.

Dr. Smith closed by relating a case of cholera which was not cured by an operation which seemed indicated.

Dr. Knoll: I think that in those cases which are not cured, you will find some just and adequate cause for the continuation of the symptoms. In many cases you will find that a urethritis has been brought on by the long continued pressure of the prepuce.

Dr. Evans cited a case of epilepsy from sexual irritation.

Dr. Duncan thought we had many reflex symptoms from inflammation of the bladder.

NECROLOGY AND STATISTICS.—Dr. T. S. Hoyne, Chairman.

Dr. Hoyne's report was highly interesting and demonstrated that Homœopathy was constantly increaseng in popularity and strength throughout the country and particularly in the State of Illinois.

The President appointed Drs. Campbell and Smith on the Auditing Committee to take the place of the absent members.

The Secretary read a communication from the State Eclectic Medical Association which offered its co-operation in our efforts to secure hospital and other just rights from the State.

Dr. Dunn moved that the communication be received and that it be passed to the Committee on Legislation for their consideration and co-operation. Carried.

On motion of Dr. T. C. Duncan, Dr. W. W. Gentry was allowed five minutes to set forth the merits of his new Concordance Repertory.

A telegram of greeting was received from the Texas State Homœopathic Medical Association, also from the like society of the State of Indiana.

On motion the Secretary was directed to reply to both telegrams.

The President appointed the following a Committee on Constitution and By-Laws:

Drs. R. N. Tooker, M. B. Campbell and A. A. Whipple.

The President appointed the following Chairmen of Bureaus for the next annual session:—

Medical Legislation: Dr. J. A. Vincent, Springfield; Obstetrics: Dr. Julia Holmes Smith, Chicago; Neurology, Psychology and Electrology: Dr. E. S. Bailey, Chicago; Otology: Dr. J. H. Buffum, Chicago; Diseases of Children: Dr. W. A. Smith, Morgan Park; Clinical Medicine: Dr. H. P. Holmes, Sycamore; Diseases of Women: Dr. C. B. Kinyon, of Rock Island.

Surgery: Dr. G. F. Shears, Chicago.

Materia Medica: Dr. H. M. Bascom, Ottawa.

Medical Literature: Dr. Charles Gatchell, Ann Arbor.

Necrology and Statistics: Dr. T. S. Hoyne, Chicago.

Sanitary Science and Hygiene: Dr. C. N. Hazleton, Morrison.

Special Committee on Legislature, appointed by the President: Drs. J. A. Vincent, Springfield; G. W. Foote, Galesburg; J. R. Kippax, Chicago; C. B. Kinyon, Rock Island; B. P. Marsh, Bloomington; J. P. Willard; M. B. Campbell, Joliet; T. S. Hoyne, Chicago; T. C. Duncan, Chicago; J. S. Mitchell, Chicago; W. A. Smith, Morgan Park; J. H. Smith, F. L. Bartlett, F. W. Gordon, Sterling; H. M. Bascom, Ottawa; T. Bacmeister, J. W. Coyner, J. E. Strong, W. W. Estabrook, A. A. Whipple.

The Treasurer's report was read and adopted.

The Auditing Committee's report was read and adopted.

Dr. Hoyne moved that a vote of thanks be extended to the Palmer House for its liberality, and to the retiring officers for their untiring zeal for homœopathy.

Carried.

The President appointed the following delegates to other societies:

To the American Institute of Homœopathy, at Waukesha, Dr. A. A. Whipple, of Quincy; Drs. Susan Bruce, C. S. Jones and Isadore L. Green, of Chicago.

To the Western Academy, at Milwaukee, Dr. T. S. Hoyne, Chicago.

To the Nebraska State Homœopathic Medical Society, Omaha, Drs. W. F. Knoll and T. S. Hoyne, Chicago.

Following are the names of new members recommended by the Board of Censors and elected by the Association: Drs. Wm. W. Estabrook, Jerseyville; J. A. Schmidt, Chicago; F. N. English, Chicago; C. Gurnee Fellows, Chicago; W. A. Dunn, Chicago; L. C. Fritts, Chicago; Frank B. Dake, Chicago; R. C. Bain, Chicago; E. C. Read, Blue Island; G. P. Brady, Chicago; A. S. Esbaugh, Lexington; G. B. Bushee, Englewood; J. H. S. Johnson, Chicago; Ransom M. Barron, Chicago; Geo. F. Washburn, Chicago. There were several more names to be added to this list, but they could not be obtained in season for publication in this connection.

Election of Officers.

President, Dr. C. E. Laning, Chicago.

1st Vice-President, Dr, H. P. Holmes, Sycamore.

2nd Vice-President, Dr. Julia M. Orr, Chicago.

3rd Vice-President, Dr. Adam Miller, Chicago.

Secretary, Dr. T. E. Roberts, Oak Park.

Treasurer, Dr. A. A. Whipple, Quincy.

The election of a Board of Directors resulted in the choice of the following members: Drs. J. A. Vincent, M. B. Campbell, W. A. Smith, H. M. Bascom, L. C. Grosvenor, W. F. Knoll, E. S. Bailey, E. M. McAffee, J. S. Mitchell, R. Ludlam, C. B. Kinyon.

The election of a Board of Censors resulted in the choice of Drs. T. C. Duncan, M. J. Hill, C. B. Kinyon.

Adjourned, to meet in Springfield at the next annual session.

T. E. Roberts, M.D., *Secretary.*

HOMŒOPATHIC MEDICAL SOCIETY OF OHIO.

TWENTY-SIXTH ANNUAL SESSION.

Held at Cleveland, Ohio, May 13, 14, 1890.

Dr. John A. Gann, President, called the meeting to order at 10 A. M.

Prayer by Rev. T. L. Hosmer.

Drs. C. C. White and A. B. Van Norman were elected Vice-Presidents, *pro tem.*

Dr. C. D. Ellis was made Acting Treasurer.

Dr. H. B. Van Norman, President of the Board of Censors, presented the names of the following physicians, who were unanimously elected to membership: Drs. T. W. Morley, Kent B. Waite, G. W. Spencer, Perry A. Cole, Emily L. Barnes, Alfred G. Bailey, John A. Gleason, Clifton D. Ellis, William E. Wells, Charles A. Stedman, D. Dillman, and Hudson D. Bishop, of Cleveland, and J. C. Blinn, of Fredericktown.

Hon. Geo. W. Gardner, Mayor of Cleveland, was introduced by Dr. H. F. Biggar, and made the address of welcome, which was responded to by Dr. Frank Kraft, Secretary.

Reports of delegates from other societies being next in order, Dr. Mary M. Booth appeared for the Homœopathic League of Hamilton County. Dr. H. F. Biggar appeared for the Round Table Club, of Cleveland, and Dr. C. E. Walton, of Hamilton, reported for the Homœopathic Lyceum, of Cincinnati. Dr. N. Schneider represented the Cleveland Homœopathic Hospital College, of Cleveland. Drs. T. P. Wilson and L. Younghusband, of Detroit, reported in the interests of the Michigan State Society.

The President then delivered his annual address, an able and exhaustive paper, which drew a picture of the past history and present status of homœopathy, full of promise for a brilliant future.

Dr. H. F. Biggar, of Cleveland, Dr. G. W. Moore, of Springfield, and Dr. J. W. Clemmer, of Columbus, were appointed a committee on the President's address.

REPORTS OF BUREAUS.

Dr. C. E. Walton, of Cincinnati, presented the report of his bureau, which dealt with the subject of pending legislation.

Dr. D. H. Beckwith, of Cleveland, Chairman of the Bureau of Sanitary Science, reported a paper by Dr. H. E. Beebe, of Sidney, O., on "Sanitation and Public Opinion." Dr. J. W. Clemmer, of Columbus, next read an interesting paper on "Boards of Health *vs.* Politics," in which he charged that even officers of health are appointed to their positions without reference to their special fitness, but according to the dictation of machine politics. He advocated the election of all sanitary officers by direct vote of the people.

Dr. D. H. Beckwith appeared as champion of the State Board of Health, and claimed for it all the efficiency belonging to bodies of its importance.

Adjourned.

AFTERNOON SESSION.

The Society convened at 2 P. M.

Dr. G. C. Ashmun, Health Officer of Cleveland, addressed the meeting, taking for his subject, "Practical Remarks on Sanitation."

Dr. D. H. Beckwith read a paper on the "Progress of the State Board of Health of Ohio."

Dr. G. W. Moore, of Springfield, Chairman of the Bureau of Surgery, called upon Dr. C. E. Walton, who read a paper on "Osteomyelitis."

Dr. C. A. Pauly, of Cincinnati, contributed a paper on "Constipation and its Surgical Treatment," which was read by Dr. McDermott.

Dr. T. C. Martin, of London, England, was credited with a paper on "Surgical Treatment of Empyema."

Dr. H. F. Biggar read a paper on "Appendicitis."

Dr. G. W. Moore, of Springfield, followed with a paper on "Anaplasty, or Artistic Surgery."

Dr. Martha M. Howells, of Hartwell, in the Bureau of Pædology, read a paper on the "Origin of Children's Diseases," in which she took the ground that many of their diseases were due to

alcoholism and nicotinism on the part of the parents.

Dr. M. P. Hunt, of Delaware, followed with a paper on "Spina Bifida, with a Case."

BUREAU OF NECROLOGY.

Dr. D. H. Beckwith, for this bureau, said:

"Since we last met, four members have laid down the armor of life, and will battle with sickness and death no longer. They were brave and faithful captains, and always at their posts of honor, but the fearful epidemic of the past few months, which they had to encounter, slew two of the number. These brave men will no longer be with us, but we cherish and love the memory of those who have gone to their long home. All were loyal to the banner of Samuel Hahnemann, and by their deaths homœopathy has lost men of sterling worth."

The names of the deceased members are: Dr. William T. Rowsey, of Toledo; Dr. Charles L. Cleveland, of Cleveland; Dr. Morton Monroe Eaton, of Cincinnati; and Dr. Charles Cropper, of Oxford, O. Dr. Beckwith paid a personal tribute to each of the deceased.

The Board of Censors reported the following candidates for admission to the Society, and they were elected: Drs. Thomas Ryall, of Shelby; W. B. Hinsdale, of Wadsworth; H. V. Beardsley, of Findlay; Mary J. Booth, of Cincinnati; J. O. Morrow, of New Lisbon; Ellen H. Maltbie, of Ashtabula; and John T. Castner, A. F. Baldinger, S. L. Hall, and F. A. Reed, of Cleveland.

Adjourned.

EVENING.

At the Hollenden the banquet was spread. Dr. J. D. Buck, of Cincinnati, was toast-master.

The first toast was

"SAMUEL HAHNEMANN,"

The response to which was made by the guests standing and remaining silent for a moment, to the following sentiment:

"To serve thy generation, this thy fate;
Written in waters, swiftly fades thy name;
But he who loves his kind does, first and last,
A work too great for fame."

The remainder of the programme was as follows:

"THE AMERICAN INSTITUTE OF HOMŒOPATHY."

"Vulgar parents cannot stamp their race
With signatures of such majestic grace."
H. B. VAN NORMAN, M.D., Cleveland.

"THE STATE SOCIETY."

"Thanks to men
Of noble minds, is honorable meed."
J. A. GANN, M.D., Wooster.

"MEDICINE AS A SCIENCE."

"He knew what's what, and that's as high
As metaphysic wit can fly."
C. C. WHITE, M.D., Columbus.

"MEDICINE AS AN ART."

"A wise physician, skilled our wounds to heal,
Is more than armies to the public weal."
J. W. CLEMMER, M.D., Columbus.

"THE LAW OF PROGRESS."

"What dire offense from amorous causes springs,
What mighty contests rise from trivial things."
T. P. WILSON, M.D., Detroit.

"OUR HOST—THE CLEVELAND PHYSICIAN."

"Blest be the spot where cheerful guests convene
To rest from toil, where 'lang syne' friends are seen."
C. E. WALTON, M.D., Cincinnati.

"THE PRESS."

"—— —— I'll print it,
And shame the rogues."
FRANK KRAFT, M.D., Sylvania, O.

"THE LADIES."

"Man, married to woman, is of many days, and full of trouble.
In the morning he draweth his salary, and in the evening it is gone;
He becometh as the horse or the ox, and draweth the chariot of his progeny;
He spendeth his shekels for fine linen to cover his family, when he himself is seen in the gates of the city with one suspender."
G. C. MCDERMOTT, M.D., Cincinnati.

SECOND DAY.

The President called the meeting to order promptly at 10 o'clock.

Dr. O. A. Palmer, of Warren, in the Bureau of Surgery, which was re-opened, read a paper on "Fractures of the Skull."

Dr. R. B. House, of Springfield, as acting Chairman of the Bureau of Clinical Medicine, opened the bureau by calling upon Dr. Kraft to read his paper on "Coffin Cases Cured."

Dr. R. B. Johnson, of Ravenna, read a paper on "Perforating Ulcer of the Stomach."

Dr. R. B. House closed the bureau, after reading a paper on "Necrosis."

BUREAU OF OBSTETRICS.

Dr. J. Kent Sanders, of Cleveland, Chairman, called upon

Dr. H. B. Van Norman, who read a paper on "Instrumental Delivery."

Dr. J. C. Sanders presented a paper on "Mastitis and Its Treatment."

Dr. J. Kent Sanders then read his paper on "Antiseptics."

Dr. L. Younghusband, of Detroit, presented a paper on "Electricity as a Therapeutic Agent."

Dr. Stella Hunt, of Cincinnati, read a paper on "Some of the Causes of Nervous Troubles."

Dr. J. D. Buck, of Cincinnati, read a paper on "Memory and Consciousness."

BUREAU OF GYNECOLOGY.

The papers in this bureau were:

"Helonias in Gynecology," by Dr. Albert Claypool, Toledo.

"Diseases of the Fallopian Tubes," by Dr. H. F. Biggar, of Cleveland.

"Evils of Topical Treatment," by Dr. M. H. Parmelee, of Toledo.

OPHTHALMOLOGY AND OTOLOGY.

Dr. G. C. McDermott, of Cincinnati, Chairman, presented a paper on "Eye Cases Resulting from La Grippe."

"Rest as an Important Factor in Asthenopia," was read by Dr. W. A. Phillips, of Cleveland.

This was the last bureau to report.

Dr. Martha M. Howells, of Hartwell, introduced a resolution calling for action in having a woman physician appointed on the medical board of every insane asylum in the State.

NEW OFFICERS.

The election resulted in the choice of the following officers:

President, Dr. E. R. Eggleston, Cleveland; First Vice-President, Dr. O. A. Palmer, Warren; second Vice-President, Dr. O. D. Childs, Akron; Secretary, Dr. R. B. House, Springfield; Assistant Secretary, Dr. F. G. Barnhill, Findlay; Treasurer, Dr. C. D. Ellis, West Cleveland; Necrologist, Dr. D. H. Beckwith, Cleveland; Board of Censors, Dr. F. G. Barnhill, Findlay, Chairman; Dr. T. P. Wilson, Detroit; Dr. William Owens, Cincinnati; Dr. Stella Hunt, Cincinnati; Dr. Frank Kraft, Sylvania; Dr. C. E. Walton, Cincinnati.

After choosing Findlay, O., as the place of holding the next meeting, the Society adjourned.

Texas.

The Homœopathic Medical Association, of Texas, held a very successful meeting at Austin, May 13, 14, 1890.

Kentucky.

The Kentucky Homœopathic Medical Society held its fifth annual meeting at the Galt House, Louisville, May 20 and 21, with Dr. A. Leight Monroe as President.

President Monroe delivered the annual address, in which he stated that from the ranks of allopathy we gain each year almost as many medical men as come from our colleges. He concluded by saying:

I cannot refrain from expressing the belief that before many years the mass of the medical profession will be united upon a broad and liberal platform of rational medicine upon which the law of similars will be emblazoned in indelible characters.

New officers: President, Dr. J. A. Vansant, of Mt. Sterling; Vice-President, Dr. E. B. Johns, of Danville; Secretary, Dr. A. Allison Clokey.

Michigan.

The Homœopathic Medical Society of the State of Michigan met at Lansing, May 20–23, with Dr. D. M. Nottingham as President.

The meeting was one of the most successful that the Michigan Society ever enjoyed, thanks to the labors of the President, to the zeal of Dr. C. M. Watson and his *confreres* of the local committee, and also to Dr. Harold Wilson, of Detroit, the efficient secretary.

The President's address was devoted chiefly to State legislation as related to medicine, and is a valuable contribution to the growing literature on the subject. It will in future receive more extended notice.

Detroit sent a large representation, Drs. Le Seure, Coleman, Gaylord, Wilson, Obetz, Porter, Morley, Knight, Olin, Polglase and Sterling making up the delegation.

The banquet of Wednesday evening was a choice affair, and did credit to Lansing and Lansing's doctors. In the absence of Dr. O. R. Long, Dr. Phil. Porter dispensed the toasts, which were responded to by Gov. C. G. Luce, "Our Guests;" Dr. H. L. Obetz, "Our Medical Colleges;" Dr. H. M. Warren, "Esprit de Corps;" Hon. S. L. Kilbourne, "Homœopathy and Public Education;" Rev. H. S. Jordan, "D.D.'s *vs.* M.D.'s;" Dr. Ch. Gatchell, "Babies;" Hon. C. A. Gower, "Original Homœopathy;" Dr. Harold Wilson, "Our Medical Societies."

New officers: President, Dr. J. F. Brown, of Jackson; 1st Vice-President, Dr. J. N. Reynolds, of Grand Haven; 2nd Vice-President, Dr. A. F. Randall, of Port Huron; Secretary, Dr. Harold Wilson, of Detroit; Treasurer, Dr. H. M. Warren, of Jonesville.

The next annual meeting will be held at Grand Rapids, Mich., May, 1891.

Missouri Institute of Homœopathy.

Dr. Moses T. Runnels, of Kansas City, presided at the fourteenth annual meeting of the Missouri Institute. New officers: President, Dr. T. Griswold Comstock, of St. Louis; Vice-President, Dr. H. C. Baker; Secretary, Dr. A. C. Jones, of Holden. The next meeting will be held at Kansas City.

CORRESPONDENCE.

Homœopathy in New York Defined.

19 MONTAGUE PLACE, W. C.,
LONDON, ENGLAND.

To the MEDICAL ERA:

I was very much interested in your article which appeared in the February ERA about Ward's Island Homœopathic Hospital, as I was a member of the Staff six years ago. You may imagine my surprise on picking up the *London Lancet* to-day and reading "Homœopathy in New York Defined," which I herewith enclose:

NEW YORK.

(FROM OUR OWN CORRESPONDENT.)

Homœopathy in New York Defined.

Several years ago the Commissioners of Public Charities of this city set apart one of the hospitals under their charge for the exclusive care and management of the homœopathists, and called it the Homœopathic Hospital. This action was taken at the earnest solicitation of the Homœopathic Medical Society of New York. As time went on the status of homœopathy in this city became so mixed and uncertain that the Homœopathic Society was doubtful whether or not this pet hospital, of which it had so long boasted, was under homœopathic or allopathic (as they termed it) control. The medical board was found, on inquiry, to be made up of members who were not true to the dogmas of Hahnemann. The Society accordingly addressed a very sharp communication to the Commissioners of Charities, propounding certain inquiries. The purpose of these inquiries was to determine what criterion the Commissioners adopted to know whether an appointee was a homœopathic physician. *The Commissioners referred the communication to the president of the medical board of the hospital, who is also dean of the Faculty of the Homœopathic Medical College of this city, and has for a quarter of a century been the leading homœopathic authority in this country.* His reply contains a complete exposure of the hollow pretensions of the homœopathic fraternity, and deals a fatal blow at the system in this country. He writes as follows:—"When homœopathy was first introduced into this country, the study and practice of it was sufficient to cause expulsion from allopathic societies. The Hahnemann Society was, therefore, organized; but by men, not one of whom confined himself exclusively to homœopathy. The latter society was also strictly homœopathic only in name, and the name of the hospital itself was adopted originally against the protest of the organizing committees.

This must have been written by an allopath who favors the single board bill. We can judge, by the words of this correspondent, how elastic their consciences are in anything relating to homœopathy. These are the men who propose to teach homœopathy in their own colleges!

Let us all work together for separate boards, nor put ourselves in their power, for they consider anything fair so long as they can beat us.

Yours fraternally,

EUGENE CAMPBELL, M.D.

Narcolepsy.

MERCER, PA., MAY 20, 1890.

Editor MEDICAL ERA:—I would like advice on the following case: A lady, 48 years old; mother of six children; she has enjoyed good health, with the exception of an inclination to sleep. For fifteen years she has been unable to sit down for five minutes, unoccupied, without falling asleep. She has been overcome by sleep while eating, while moving, while engaged in conversation. She is bright and active, both physically and mentally. She does not possess a sleepy, dull appearance; she is in average condition of flesh. She sleeps well at night. All functions are natural. I can discover no disturbance that has co-existed with this.

L. R. HEATH.

[The case which Dr. Heath reports is that very rare condition called narcolepsy, which is characterized by a sudden and irresistible desire to sleep, the sleep lasting usually for but a few minutes. It must be distinguished from trance, and from *petit mal.* The condition is probably a neurosis; but when this is said, it expresses all that is known about it. There is no known remedy for narcolepsy. The more active the patient's life, the less frequent are the attacks of somnolence. Sometimes, after lasting for years, the condition passes away.—CH. G.]

THIS issue of the MEDICAL ERA contains the long-promised article on carcinoma.

The Chicago, Milwaukee & St. Paul Railway.

A CHOICE LIST OF SUMMER RESORTS.

In the lake regions of Wisconsin, Minnesota, Iowa and the two Dakotas, there are hundreds of charming localities pre-eminently fitted for summer homes. Among the following selected list are names familiar to many of our readers as the perfection of northern summer resorts. Nearly all of the Wisconsin points of interest are within a short distance from Chicago or Milwaukee, and none of them are so far away from the "busy marts of civilization" that they cannot be reached in a few hours of travel, by frequent trains, over the finest road in the northwest--the Chicago, Milwaukee & St. Paul Railway:

Waukesha, Wis., where the American Institute of Homœopathy will meet June 16; Oconomowoc, Wis.; Minocqua, Wis.; Palmyra, Wis.; Tomahawk Lakes, Wis.; Lakeside, Wis.; Kilbourn City, Wis. (Dells of the Wisconsin); Beaver Dam, Wis.; Madison, Wis.; Clear Lake, Iowa; Lake Okoboji, Iowa; Spirit Lake, Iowa; Frontenac, Minn.; Lake Minnetonka, Minn.; Ortonville, Minn.; Prior Lake, Minn.; White Bear Lake, Minn., Big Stone Lake, Dakota.

For detailed information, please address A. V. H. CARPENTER, General Passenger Agent, Milwaukee, Wis.

BOOK REVIEWS.

A New Medical Dictionary. Including all the Words and Phrases used in Medicine, with their proper Pronunciation and Definitions, based on Recent Medical Literature. By George M. Gould, B.A., M.D., Ophthalmic Surgeon to the Philadelphia Hospital, etc. With Tables of the Bacilli, Micrococci, Leucomaines, Ptomaines, etc., of the Arteries, Muscles, Nerves, Ganglia and Plexuses; Mineral Springs of U. S., Vital Statistics, etc. Small octavo, 520 pages. Half Dark Leather, $3.25; Half Morocco, Thumb Index, $4.25. Philadelphia: P. Blakiston, Son & Co.

Gould's Dictionary may be bought with the confidence that it fills the "long felt want." It is compact, and yet complete. It contains as full a vocabulary as the student or general practitioner will require, and, so far as our examination extends, it omits none of the words essential to the study of medicine. The enrichment of medical science by new terms in the last ten years, has been very great. This dictionary has included all these modern words. The definitions are models of excellence. The typography is a model of art.

A Hand-Book of Diseases of the Skin and their Homœopathic Treatment. By John R. Kippax, M.D., Professor of Principles and Practice of Medicine and Medical Jurisprudence in the Chicago Homœopathic Medical College, etc. *Fourth Edition; Revised and Enlarged.* Chicago: Gross & Delbridge, 1890.

Kippax's "Skin Diseases" has been long before the profession. This edition, by new publishers is, as the title-page states, "revised and enlarged," by having added to it a chapter on "Diet and Hygiene." The list of remedies, in each case, includes a great number, thirty-six under "boils," and fifty-one under "urticaria." The mechanical get-up of the book is an improvement on the work done by the former publishers. The descriptions of disease are rather too brief, but this is explained by the author in his preface, where he states that "condensation has been more or less necessary."

The appearance of a fourth edition is sufficient comment.

Homœopathic Therapeutics. *Third Rewritten and Enlarged Edition.* By Samuel Lilienthal, M.D. Philadelphia: Hahnemann Publishing House, 1890.

This is the brief title of a large and useful book. We have little to add to the favorable opinion expressed at the time of the appearance of a former edition, except to say that the evidence that it is "rewritten and enlarged," is evident on opening the book. There are 1,154 pages. The mechanical execution is first-class. It is the most complete work devoted exclusively to the indications for the homœopathic application of drugs that our school possesses, and it has been prepared by one whose knowledge of the subject is ample, and one in whom the entire profession has confidence—the venerable and respected Samuel Lilienthal.

A bountiful table of contents is spread before its readers by *The Popular Science Monthly* in its March number. Andrew D. White continues his account of "Comparative Mythology," as illustrated by the decline of the Dead Sea legends.

Dr. J. M. Crawford, the lately appointed consul-general of the United States at St. Petersburg, is to conduct special researches into the traditions and antiquities of the Finnish race and related peoples. It was with especial reference to Dr. Crawford's ability to conduct these researches with success that his appointment was made; an additional evidence of the interest of our Government in the cause of science.—*Boston Advertiser.*

The doctors who attended the late King of Portugal during the last few weeks of his illness, presented bills for their services amounting to nearly $100,000. One of them demanded $14,000 for ten visits, another demanded $17,000 for fifteen, while a third thought that $30,000 was not too much to ask for his attendance at eighteen consultations. Eventually, the new king succeeded in effecting a settlement of their claims by means of a lump sum of $60,000. The present infant king has a staff of nine physicians to look after his health.

The June *Century* opens with another article by Albert Shaw, whose paper on "Glasgow" recently attracted so much attention. This time Mr. Shaw treats of "London Polytechnics and People's Palaces," a subject which is particularly timely, as similar institutions are springing up in different parts of the world. The frontispiece is a portrait of Walter Besant, author of "All Sorts and Conditions of Men."

THE MEDICAL ERA
COMBINED WITH
THE MEDICAL COUNSELOR.

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Articles contributed to this journal are accepted on the condition that it shall enjoy the exclusive right to their first publication.

Requests for copies "not received" must be made within 30 days of date of publication.

THE MEDICAL ERA receives *no subscriptions* through pharmacies, "agencies," or other journals. *No exception to this rule will be made.*

WAUKESHA, WISCONSIN.

The place of meeting of the American Institute of Homœopathy is at Waukesha's famous springs—Bethesda, Silurian, and others, which have furnished "drinks" for half the United States. The Fountain Spring House is one of the finest summer-resort hotels in the country, in every respect equal to the Lafayette, of Minnetonka. The region about the springs is dotted with beautiful inland lakes, to which park phaetons will make frequent trip s.

The coming meeting will be one of the largest ever known. It is many years since Chicago has had the Institute at its very doors, and the great western metropolis, with its two flourishing homœopathic medical colleges, and its three hundred homœopathic physicians, will send a large delegation. Milwaukee will be represented by every homœopathic physician within her borders—a crowd in itself. But this is not all. Advices from the Committee of Arrangements of the Cream City indicate an immense attendance from all surrounding States, as well as from the East and West and South. Many who failed to join at Minnetonka will embrace this opportunity.

Let every homœopathic physician come to Waukesha in June, and for a second time show the country what can be done by the heart of the continent.

A BUSINESS which paid $6,800 in 1889 can be bought for $1,500. Address, with stamp, G. A. R., care ERA.

THE GRACE HOSPITAL, of Detroit, has sent out its first annual report in a neat pamphlet of thirty pages. There were admitted during the year six hundred and seventeen patients. The mortality-rate was four and seven-tenths.

DR. R. N. FOSTER has moved his office to 553 W. Jackson street.

DR. W. F. HOBART has moved his office to 630 Melrose street.

DR. C. B. KINYON has been appointed U. S. Pension Examining Surgeon for the Rock Island district.

DR. J. M. LEE, of Rochester, has withdrawn from general practice, and hereafter will devote himself exclusively to surgery.

DR. M. C. SINCLAIR, of Grand Rapids, has been elected President of the "College of Homœopathic Physicians and Surgeons," the newly-organized local society.

DR. HORACE PACKARD, of Boston, has issued a pamphlet containing a report of one hundred and twelve cases in which he has performed abdominal section, with a mortality, in his second series, of only 11 1-10 per cent.

A STUDENT, now in his second year, wishes to enter the office of a preceptor during the summer months. Address, *Student*, care ERA.

NOTICE.—Licentiates of the Illinois State Board of Health can obtain copies of the ninth and tenth Annual Reports; also, the Report on Medical Education, by applying to the Secretary, John H. Rauch, M.D., Springfield, Ill.

THE HOMŒOPATHISCHE CENTRALVEREIN DEUTSCHLANDS, the oldest European homœopathic society, will meet this year in Dresden, on the 9th and 10th August.

The 9th we will visit together Meissen and the house where Hahnemann was born, and the 10th, after the scientific session, we will dine with our friends at the Belvedere, in Dresden. Dr. Kafka, Sen., from Prag, will be Chairman.

We would be very happy if some of our American friends, when in Europe, would join us.

DR. ALEXANDER VILLERS,
Dresden-A., Saxony, Christian Str.

Through Vestibuled and Colonist Sleepers Between Chicago and Tacoma, Wash., and Portland, Ore.

The Wisconsin Central and Northern Pacific lines run through Pullman Vestibuled and Colonist Sleepers between Chicago and Tacoma, Wash., and Portland, Oregon. The train known as the "Pacific Express" leaves the Grand Central Passenger Station, at the corner of Fifth Avenue and Harrison Street, at 10:45 p. m. daily. For tickets, berths in Pullman or Colonist Sleepers, etc., apply to Geo. K. Thompson, City Passenger and Ticket Agent, 205 Clark Street, or to F. J. Eddy, Depot Ticket Agent, Grand Central Passenger Station, corner Fifth Avenue and Harrison Street, Chicago, Ill.

THEY SAY

That the Institute comes next!

That the discussions were lively.

That deaf-mutes are never sea-sick.

That the bacteriologists were on top.

That a crank is always the "other fellow."

That sickness doth make cowards of us all.

That doctors are accustomed to see sickness.

That the accommodations cannot be excelled.

That the Fountain House is "justly celebrated."

That the local committee is working like beavers.

That some girls are pressed for time, and some for fun.

That the committee on legislation is coming to the front

That lunatic asylums are not allowed to take in sane people.

That necessity is the mother of invention and the father of lies.

That the resolutions of '89 have been somewhat misunderstood.

That you should consider the lilies—how very expensive they are.

That age brings wisdom, but it doesn't leave much time to use it.

That every homœopathic physician in the country should be there.

That the mosquito will soon show people whether hides are free or not.

That the Institute meeting will be one of the best attended in years.

That the "jovial fellow" is the one who never stays at home nights.

That Waukesha is as near Milwaukee as Minnetonka is to Minneapolis.

That the busy men are too cross, and the loafers too good-natured.

That the boy stood on the burning deck because it was too hot to sit down.

That the American Institute is the oldest National medical association in the world.

That our school has awakened to the necessity of looking out for our civil rights.

That some people who pray for a change of heart ought to pray for a change of head.

That spring chicken could be improved by putting on more chicken and less spring.

That iodoform is the remedy par excellence for burns of the second and third degrees.

That Dr. Joseph T. Flagg, of Boston, was the first president of the American Institute.

That the Institute was organized, not in a spirit of schism, but for purposes of self-defense.

That a firm in Chicago has gone into the business of manufacturing the holes for porous plasters.

That the things we think at night would be of great value the next day if we could only remember them.

That when he walked with the baby he had to confess that marriage with him was a howling success.

That a diet of sweet oranges will increase the quantity and quality of the milk of a nursing mother.

That cases of opium-poisoning of infants through the medium of the mother's milk have been reported.

That for many years the Institute had but one bureau, called the "central bureau of materia medica."

That a man never feels so badly that he will not feel worse if no one asks him what he is feeling badly about.

That the bitter of quinine may be tasted in solution containing but one part in one hundred and fifty thousand.

That all residents of Basle, Switzlerland, who depart this life may have their bodies buried at the cost of the town.

That the homœopaths are going to follow the lead of other states, and secure control of some of the public institutions in Illinois.

That there were less than sixty homœopathic physicians in the United States at the time the American Institute was organized.

That the country doctor thought the city women were an inferior race, and the city doctor said the country women knew well how to lace.

That there can be no legislation in Illinois which discriminates against the homœopathic school as a distinctive body in the medical profession.

That the courts have decided that children whose parents refuse to have them vaccinated may legally be excluded from the schools.

That Gray's Anatomy has been translated into Chinese, and now Celestials will learn that the intestines do not connect the heart with the bladder.

That a law in Georgia provides that poisons must be put up in scarlet wrappers, and bottles labeled with the same color, the printing to be in white letters.

That Waukesha is within easy distance of Chicago, Milwaukee, St. Paul, Minneapolis, Omaha, Kansas City, St. Louis, Cincinnati, Indianapolis, Detroit, and the rest of the country.

THE MEDICAL ERA

COMBINED WITH THE MEDICAL COUNSELOR. DEVOTED TO HOMŒOPATHY AND THE ALLIED SCIENCES

VOL. VIII. CHICAGO, JULY, 1890. No. 7.

EDITORS:
CH. GATCHELL, M.D.,
D. A. McLACHLAN, M.D.

THE AMERICAN INSTITUTE.

The Waukesha meeting was a grand success. In point of attendance it exceeded all anticipations. At Minnetonka there were two hundred; at Waukesha, two hundred and twenty-six! At Minnetonka there were one hundred and twenty-five new members admitted; at Waukesha there were one hundred.

These will pass into the history of the Institute as two of the most prosperous meetings ever held.

The Acting-President, DR. J. D. BUCK, of Cincinnati, is entitled to our heartiest gratitude for having given the Institute the benefit of his valuable services in the crisis which called him. He expressed his high appreciation of the honor, while at the same time he fittingly expressed regret at the absence of the President, DR. A. I. SAWYER, as well as sorrow for the severe affliction that was its occasion, a sentiment that was shared by all.

The President-elect, DR. T. Y. KINNE, of New Jersey, has already amply demonstrated his ability to answer the trying demands of the coming meetings. As a speaker, ready, bright and pointed; as a parliamentarian, able, quick and clear; he will fulfill the most sanguine expectations of his friends.

In every respect the recent meeting was more than satisfactory, and the name of Waukesha will be checked with a red mark in the list that includes Saratoga and Minnetonka.

MEDICAL LEGISLATION IN NEW YORK STATE.

Homœopathy has achieved no other such triumph in recent years.

The bill establishing separate boards of medical examiners, which, almost without debate, passed the House by a vote of 87 to 7, and the Senate by a vote of 23 to 3, and then received the Governor's approval, is the most important piece of legislation affecting the interests of homœopathy that the country has known in twenty years. It is a signal victory, and its effects will be far-reaching. They will be felt far beyond the borders of the Empire State.

In New York, it is of vital interest. The members of our school contended against an opposition which was active and powerful, and represented by a constituency that outnumbered our own ten to one. But in spite of this, in spite of earnest and well-organized opposition, in spite of the influence of eight medical colleges and numerous societies, in spite of ROOSA's desire and determination to "destroy sects in medicine," the bill which was introduced and advocated by the friends of homœopathy has been placed upon the statute-books, while the measure for "destroying sects in medicine" died in special committee.

The victory is ours; (we use the possessive plural only as speaking for *Homœopathy;*) primarily, because that which was demanded was right and just and fair. A perusal of the Act shows it to be in its provisions one of the fairest and most impartial measures ever formulated. It does injustice to none; it does equal justice to all. It may well be taken as a model for other states to adopt.

Secondarily, it received legislative and executive sanction because of the very efficient service of that indefatigable and self-sacrificing worker, Dr. H. M. Paine, of Albany, acting in conjunction with as able and zealous a corps of colleagues as ever espoused the cause of civil rights. Drs. Watson, Terry, Couch, Gorham, Sheldon, Candee, Kinne, Talcott, Dillow, Allen, Schley, and numerous others, may now congratulate themselves, and be congratulated, upon the results achieved.

We repeat, that in the annals of our school few such important events have been recorded. It is a fitting climax to the reaction following the machinations of a few apostates, who threatened schism. It comes at a time when our school has been threatened by organized opposition on the part of her traditional enemy, and at a time when good news from the front will inspire those who have waited with expectant attention.

All honor to the homœopaths of New York—assured of their rights, and proud of their Name!

THE HOMŒOPATHIC PROFESSION AND STATE INSTITUTIONS.

The epidemic has reached Illinois.

At the recent meeting of the Homœopathic Medical Association of this State the most important action was that relating to the rights of our school to representation in the public institutions. Since the change which was made at Joliet last year, so far as we are aware, our school is without representation in State institutions. This is wrong. We are entitled to such recognition by virtue of our numbers, our influence, the taxes paid by our supporters, and by virtue of the merits of the system of medicine which we represent.

It is well that the homœopathic physicians of Illinois have at last awakened to the necessity of action in this matter. In this respect our State has been distanced by many others. In both New York and Michigan there are asylums for the Insane whose medical officers are homœopathic physicians. Let this State be next added to the list.

The special committee of twenty, appointed at the May meeting, is composed of active men, and we may confidently expect that their efforts will result in obtaining from the legislature the appointment of homœopathic physicians to be medical superintendents of one or more of the new state insane asylums.

If funds are necessary, let a special assessment be made, and let all respond according to ability.

THE AMERICAN MEDICAL ASSOCIATION'S "CODE."

This Association has an India-rubber "code," constructed on utilitarian principles.

From our esteemed contemporary, the *Medical Standard*, we learn that there was introduced at the last meeting of the Tennessee Medical Society a resolution looking to a "consultation with homœopathic or *other* irregular practitioners." The account goes on to say that the *Nashville Journal of Medicine and Surgery*, which is said to be the "organ" of the president-elect of the American Medical Association, commenting thereon, says:

> "There can be no doubt but that certain circumstances might be looked upon as mitigating the stringency of this section of the code, as, for example, the transference of a surgical case by an irregular to a surgeon, and it would seem that at times such a combination of circumstances has been taken advantage of, surgeons meeting and continuing in consultation with irregulars in cases entrusted to the former by the latter."

How convenient this is! How honorable, "to take advantage of" the "homœopath or *other* irregular practitioner" under a certain "combination of circumstances," while shunning him at other times! What beautiful principles! What judicious practice!

The organ of the president-elect of the American Medical Association is behind the times. In Chicago, in New York, and in every other city with which we are acquainted, it is a matter of frequent occurrence for "regular, irregular and defective" practitioners to meet in consultation. In the families of the poor it does not often happen, but no Chicago millionaire of homœopathic proclivities who requested a "regular" to meet his family physician in consultation, has ever been disappointed. Indeed,

in this city the practice has become so common that it is no longer subject for remark.

Thus are barriers being burned away, thus is the world progressing, and the "code" of the American Medical Association is readily adapted to all "combinations of circumstances."

ASIATIC CHOLERA.

It is probable that all Europe will be visited by an epidemic of "Asiatic Cholera."

This disease has been raging in Eastern Syria, especially in the valleys of the Tigris and Euphrates, and it is now officially announced that it has crossed the Volga River, causing much mortality in the towns of southern Russia.

Should the cities of Aleppo, Beyrout, Suez and Alexandria be visited by this pestilence, the United States is almost certain to be visited, as there is much traffic going on between the above cities and this country.

Some of the Spanish provinces are also suffering from the disease; fourteen deaths are reported at La Puebla de Rugat in the Province of Valencia.

It is supposed that the epidemic started at this point with the soldiers who came from the North African garrison.

THE "ELIXIR" AGAIN.

The remarkable eagerness with which many reputable physicians seized upon the "elixir" craze, was only equalled by the celerity with which it passed to the fate of its kindred crazes, the carbonic acid cure for phthisis, suspension treatment for locomotor ataxia, etc. However, its progenitor — Brown-Sequard — is still experimenting with his "juices!" He now claims that by a modification of his method he can speedily cure long standing neuralgia, chronic intermittents, rheumatism, insomnia and leprosy.

Pitiful as the spectacle appears of one whose achievements in the field of science have been so great, lending his brain to such folly; yet one must look with some touch of admiration also upon him, who, at an age when most men rest from their activities, assiduously toils on, though with perverted judgment, for the benefit of infirm humanity.

ORIGINAL ARTICLES.

URANIUM NITRICUM IN ACUTE GASTRIC ULCER.

BY GEO. E. GORHAM, M.D.,
ALBANY, N. Y.

[Read before the American Institute of Homœopathy, Waukesha, Wis., June, 1890.]

DR. DOWLING, Chairman of the Bureau of Clinical Medicine and Special Therapeutics, in his letter asking me to prepare a paper, emphasized the fact that, in all clinical cases reported, he desired the pathological conditions given fully, and the apparent effect of the administered remedy upon such pathological conditions.

Dr. Goodno, in his very able paper read two years ago before this Institute, said: "We must come to the front and show what homœopathy can do for disease if we would convince the medical profession of a clinical superiority."

These two gentlemen have voiced the great need of the homœopathic medical profession to-day, viz.: To show proof-positive of the effects of drugs upon pathological conditions when given according to the law of *similia*. Claims for the superiority of the homœopathic methods are abundant. Proof is not so abundant.

The fact that a baby ceases crying after taking Chamomilla proves nothing, for thousands of babies do the same thing daily, without taking medicine of any kind. I am sorry to say that many of our clinical reports prove to me no more, owing to the fact that we have been taught to administer the drug whose pathogenesis corresponds to the totality of the symptoms, and, when the patient is relieved, attribute the result solely to the influence of the drug. For this reason many remedies receive credit which does not belong to them, for results which are due to other causes, operating for the relief of the patient at the same time.

I have found it difficult for a general practitioner in private practice to collect *many* cases to illustrate the influence of a single drug upon pathological conditions, after eliminating the active agents which always aid in arresting disease (hygienic influences, self-limitation of disease, etc.). Therefore I ask your forbearance while I report my observations of a *single* case:

Mrs. A., the wife of a physician, I saw in consultation in January, 1889. She was prostrate in bed, too weak to stand, emaciated, pulse weak and rapid (130 per minute), face

pale, with distress marked in every line, and suffering constant pain in the stomach, which was greatly aggravated by the least food or liquid swallowed. Nothing had been retained by the stomach during the previous ten days. She vomited frequently mucus mixed with blood, and occasionally the regular "coffee-ground" vomit. She had been troubled with indigestion for some months and had gradually lost flesh and strength until she seemed, as I thought, in imminent danger of dying from exhaustion. There were also dark, tarry-looking stools, indicating hemorrhage of the stomach. There was marked sensitiveness over the region of the pylorus, and pressure caused pain, but no hardness or thickening could be detected; the skin was pale, anæmic, and about normal temperature.

The diagnosis of acute gastric ulcer seemed the only reasonable one, and was fully concurred in by the husband, Dr. S., (an eminent old school college professor,) and myself.

Homœopathic remedies seemingly well indicated having failed, the suggestion of Dr. S. to try the application of chloroform liniment and hot packs with rectal feeding was adopted.

The vomiting and pain continued and the patient went down rapidly for three days, when another teacher of medicine was called in, who suggested that some obscure neurosis, affecting the sympathetic ganglia might be the cause, as the pain was so agonizing and the emaciation so rapid.

I believed the diagnosis of gastric ulcer correct, and began a search for the homœopathic remedy.

One of the most thorough and carefully recorded provings on record is that of Uranium nitricum, by Dr. Edward T. Blake, published in the Hahnemann Materia Medica, Part II, in 1871. Dr. Blake's experiments show that ulceration of the pylorus was produced in three out of ten rabbits by injecting into the legs five drops of the first decimal dilution of Uranium nitricum, and that in the stomachs of the rabbits some abnormal condition was found in the mucous membrane of the pylorus. Nausea, pains in the stomach, eructations, and great prostration were also produced in different provers by taking the drug by the mouth.

Upon these general indications, and a clinical record which I will add later, I selected Uranium nitricum as the remedy indicated, and dissolving five grains of the second decimal trituration in one-half goblet of water, ordered a teaspoonful given hourly. The pain was greatly relieved in a few hours, the vomiting was less frequent, and the patient had four hours of quiet sleep the first night.

The remedy was continued for two days, when the vomiting had ceased and the pain was not severe. Matzoon was then given and retained by the stomach. Valentine's meat juice and champagne was soon added to the diet, and the patient began to rally. The remedy was continued for ten days with an increasing diet, and followed by Hydrastis; the patient going rapidly on to perfect recovery, and she has had no return of the trouble, more than a year having now elapsed.

Dr. Drysdale reports, in the *British Journal Homœopathy*, Vol. XXVII, p. 306, one case of gastric ulcer where the relief from pain and vomiting was as decided after giving Uranium nitricum, as in the case which I have reported, and the patient made a prompt recovery. Dr. E. T. Blake also reports one case of hematemesis promptly relieved by it.

I have seen one other case of ulcer of the stomach reported where prompt recovery followed the administration of Uranium nitricum, but at this time I am unable to say where it is published.

I think we can therefore say of Uranium nitricum that it will, in toxic doses, cause ulceration of the mucous membrane of the stomach, and that in three aggravated cases of gastric ulcer relief from the symptoms and prompt recovery of the patient have followed its administration in small doses.

Three careful and skillful physicians saw the case which I have reported and fully agreed in the diagnosis of gastric ulcer, and all gave the gravest prognosis.

THE ROLE OF THE SHARP CURETTE.

By O. S. RUNNELS, M.D.,

INDIANAPOLIS, IND.

[Read before the American Institute of Homœopathy, Waukesha, Wisconsin, June 16-20, 1890.]

FIRST introduced by Recamier in 1846, and given a new impetus by the invention of the Sims' speculum, the curette is still an instrument little used and generally condemned. While the dull curette has an unquestioned use in the removal of fungous growths and particles, for diagnostic purposes, the sharp curette, laden with censure, is used only by a very small percentage of the profession in cutting away hypertrophical and proliferating tissue of the cervix, and for the checking of per-

sistent pathological uterine hemorrhage, for which no adequate cause can be determined.

These limitations are, in my opinion, unwarranted, and prejudicial to the growth of our science. Though justly condemned in the untaught hand, and little used to-day by experts, the curette with a cutting edge has a legitimate sphere of action much wider than is now generally accorded it—a place and power under proper conditions which nothing else can supply.

Before proceeding to these uses, however, let me premise that no operative procedure, if avoidable, is ever allowable in gynecology when inflammatory conditions are present. The probability of an "itis" in the uterus, the tubes, the ovaries or the tissues adjacent, must invariably be predetermined.

Every case whose history reveals a present or past experience of that kind must be regarded with more than usual solicitude. If possible first remove the elements that are ready to leap into flame; if this be not feasible, or the demands be emergent, act as in the presence of danger. Under proper surgical precautions and with the *tactus eruditus*—the cultured sense of touch born of knowledge and experience—all chance will be ruled out and beneficent results obtained.

The mucous membrane of the uterus is not the easily destroyed, slowly healing membrane which it is generally supposed to be. Like the tunics of the eye it is thick, resistant, almost cartilaginous, and can be penetrated and cut away only by the exhibition of considerable force. Except at the cornua — or entrances to the Fallopian tubes — this membrane has a thickness equal to one-fourth the diameter of the uterine wall, and like all other mucous membranes has the power of reproducing itself — i. e., repairing its broken surface by healing—ten times as rapidly as ordinary integument.

It is on account of this thickness and density of the mucosa, and the deep-rooting vegetations that sprout in it that the dull wire curette of Thomas is so often unavailable, and the sharp curette of Sims or the sharp spoon-curette of Simon is demanded.

Some forms of degeneration, however, result in softening and making friable not only the mucous tissues but the entire wall. These of course require the employment of more discriminating and delicate force.

The symptom calling most frequently for curettement is prolonged uterine hemorrhage. This may depend upon any one of several causes—and persists steadily after the faithful employment of the best selected internal remedies. Under such circumstances the demand is to ascertain definitely by physical examination the cause of this continuance and the removal of that cause. Waste of time under such extraordinary circumstances is criminal negligence. Waiting, temporizing by expectant treatment and other alternatives in order to avoid manual interference in such cases, need only to be mentioned to be condemned. And yet, I am ashamed to say, this is the common practice to-day.

A typical case was reported during the past year.

A woman suffering from persistent hemorrhage was advised by her physician to submit to examination in order to determine whether the blood flow was due to fibroid, or adherent placenta. This being "inconvenient" the doctor permitted her to depart with Quinine, Ergot and opiates. Six months later, the condition still continuing, she applied, almost exsanguinated, to another physician, who put her upon "supporting treatment" — i. e., Ustillago maidis, Caulophyllum, etc., with tampons of hamamelis and listerine. Eleven days later he saw fleshy looking particles upon the cotton pledget and she fainted from hemorrhage during his visit. Yet other eleven days under Ammonia, Ergot and Cimicifuga, and a fleshy mass the size of a butternut was extruded from the cervix and was removed. Of course she recovered immediately; but half a year had been lost in the shadow of death!

This malpractice grows black beside the fact that she could have been cured, with the curette, any time during the six months, in five minutes.

In repeated hemorrhages after abortion or labor at full term it may be taken for granted that there is a retained ovum or portion of placenta that is provocative of the bleeding. In the case of fetid lochia, the same can be inferred —masses of decaying or necrotic tissue are behind it. The auto-genetic infection of the lying-in woman is thus explained. Septicæmia naturally follows such a condition, and is not a mystery. The curette is indicated in every such case. Complete dislodgement of the foreign body and removal of putrescence is demanded. The more alarming the bleeding, the more intense the lochial stench, particularly with a rising temperature, the more imperative the need of scraping the endometrium.

Menorrhagia or metrorrhagia caused by fungous, villous or sarcomatous degeneration of the endometrium can be ameliorated and cured with the sharp curette better than by any other method. Some of these cases finally prove to be malignant, and of course are not curable—but in every such case even abatement of the urgent symptoms can be effected—and the failure to cure permanently will be the rare exception. In those cases of faulty nutrition of the cervix resulting in excessive granulation simulating, or proving to be, cauliflower excrescence, the sharp curette is the remedy par excellence. The excrescences should be thoroughly removed. The scraping should continue till the healthy muscle beneath is reached—till all disease remnants possible have been obliterated. Particularly is this so when cervical cancer has progressed so far as to preclude the possibility of hysterectomy; when frightful hemorrhages are rapidly sapping the life and the mass of necrotic tissue is emitting an unendurable odor. After the curette the hemorrhage will cease; the fetor disappear; the bloom will come again in the wan cheek, with flesh and strength, and months or years of enjoyable existence will follow. These classes of cases furnish the sharp curette its legitimate scope of usefulness—inasmuch as they cannot be successfully managed without it. The plainly indicated remedy is removal of the adenoid, fungoid or polypoid growths and a closure of open-mouthed vessels. Whenever uterine hemorrhage accompanies degeneration, infiltration, hyperplasia or chronic inflammatory changes of the mucous membrane lining the uterine cavity, no treatment affords such speedy relief and ordinarily *permanent cure* as careful and thorough curettement. But not every case of uterine hemorrhage is dependent upon these changes of the endometrium. Uterine displacements, particularly posterior displacements, are frequently attended with very free bleeding. Here restoration of the proper anatomical relations, by adjustment of the mechanical conditions, will equalize the circulation, remove the engorgement and favor the regainment of tone.

The hemorrhage may be due to some form of cellulitis, or pelvi-peritonitis; to some disease of Fallopian tubes or ovaries; to urinal or subserous uterine fluid. In every such case the curette would not be thought of unless chronic changes had taken place in the uterine tissue, when it might play an adjuvant part. The curette should be used in many forms of most tedious and unyielding uterine disease, where the nutritive forces seem to be inert and to have lost recuperative power. Instances of these conditions are very numerous; subinvolution, chronic enlargement and induration from whatever cause; flexions and reversions resultant from old inflammatory causes, or from atony and relaxation of the uterine muscle and ligaments, in fact every form of inveterate non-inflammatory and otherwise unimprovable functional weakness. The recuperative power needs energizing. The *vis medicatrix naturæ* must be aroused from its lethargy; dormant forces must be called into play; the always-present physical reserve must be drawn upon. The circulation, the activities, the business of life must go on. Something must be done to start the wheels again. An impression must be made upon the conscious and unconscious life forces to give the impetus that will banish the everlasting stagnation. Who has not seen rapid improvement follow the thorough puncture of the cystic pockets present in catarrhal and cystic degeneration of the cervical glands? Who has not been gratified by the rapid recoveries following the, in very many instances, insignificant steps of an Emmet operation? Lawson Tait records several complete cures of most intense and otherwise incurable ovaralgia by merely making a section of the abdominal wall.

The intra-pelvic condition being perfectly normal, nothing was removed, and the cures followed. And I have seen the same thing repeatedly after the employment of the very simple means under consideration. It is faulty nutrition that underlies every chronic case, particularly every old case that confronts the gynecologist. The pelvic circulation is embarrassed or impeded, and the result, as it affects the uterus, is either an enlargement of the entire organ, a growth by subinvolution or hyperplasia, the vegetative forces endeavoring to act normally; or the development is diverted to some particular part or tissue, and it is a growth by vegetations, neoplasms or tumors. The pent-up nutritive forces having leaped their boundaries, go off on a tangent, and assume any fantastic expression that disease tendency may suggest.

In very many of these conditions the sharp curette comes as a speedy saviour, as an adjuvant to other well-directed means; and no unprofessional timidity, no fear of the tyro, should operate against its proper employment. The curette in the clumsiest hand would fail to do more harm than the unmolested condition calling for its use. If backed by professional judgment, it can never be so dangerous as hemorrhage or septicæmic chills. It has become a

useful, harmless instrument only through proper employment. Its use is simple and beneficial only when made under approved surgical rules and in appropriate cases. Like every good gift in our hands, it can be misused and made harmful. By observing the rule, never curette an inflammatory condition, you will avoid the pitfalls of bad practice and gain satisfactory results.

For curette purposes I think the instrument with a moderately sharp edge preferable to all others. As well attempt to operate with a dull knife as to perform the work here required by a wire-edge. Properly used by a hand with a trained touch, the sharp instrument possesses many advantages, and is the only instrument capable of doing effective, precise work.

I always give an anæsthstic to spare the patient the unpleasant experiences of the operation, and for the purpose also of securing the fullest relaxation of muscular tissue. The cervical sphincter under anæsthesia usually relaxes sufficiently to allow the curette to be used without further enlargement by dilatation or incision.

The bowels having been previously moved, put her in the lithotomy position and cleanse the tract from uterine cornua to ostium vagina thoroughly with a 1-4000 bichloride solution. Draw the perineum down with a Sims' speculum, and bring the uterus into the field of operation, and hold it there by a bullet forceps firmly fixed in the anterior lip. Often the fundus requires further support by a hand above the pubes. The curette is made to pass from the fundus to the ostium externum, stroke after stroke, until the entire surface of the endometrium has been gone over. In case of adherent placenta or vegetations, the blind touch at once indicates the site and amount of repetition required to smooth the surface. In those cases where the curette is used to complete involution and arouse the uterine life, the whole surface must be thoroughly treated. You will know when you have done enough by the touch and hearing. When the tissue of the muscle is reached there is a sensation of more resistance, accompanied by a grating sound.

In order to be certain that the diseased mucosa is entirely removed, go over the surface lightly again and make with the curette a rotary sweep of the surface. The scraping should continue till the grating sound is heard only in the most pronounced cases of vegetative degeneration. Usually in such cases a second or third curettement is demanded before the disease is finally obliterated.

Following the operation, thoroughly cleanse the cavity with the bichloride solution, and after drying the tissues with absorbent, leave a tampon of borated cotton in the vagina, to be removed the following day and irrigated daily till discharge ceases.

CASE I.—Mrs. K. suffered abortion with criminal intent. After concealment for many days and great hemorrhage, I found her with very offensive lochia, septicæmic chills, and temperature above the danger mark. There was great abdominal tenderness and tympanites. I at once thoroughly curetted the uterus, extracted a large quantity of necrotic tissue, and she recovered promptly.

CASE II.—Mrs. C. has for past eighteen months suffered from sudden and alarming uterine hemorrhages. Finally examined by a physician, something was found to be growing upon the cervix. I found her, long after, exsanguinated, hardly able to stand, with epithelial cancer of the cervix completely filling the vagina. The infiltration had extended to adjacent tissue, and radical procedure was not to be thought of. I curetted the vegetation, thoroughly removing every possible vestige of proliferating tissue. In a short time she gained thirty pounds of flesh, was quite strong again, had very few inconveniences from her malady, and did not die from it for a year and a half.

CASE III.—Mrs. R., age 47, mother of ten children, and still menstruating, has for two years had metrorrhagia. She has fainted from it repeatedly, and has the wan, leathery look characteristic of carcinoma. Examination reveals uterine depth of five and a half inches, with a very patulous os, but otherwise normal cervix. The dull curette brought out a long, slender shred of villous degeneration. Thorough use of the Simon spoon abated the trouble for a few months, but it was necessary to resort to it a second time before the disease was finally eradicated. It is now four years since that date, and the cure remains.

CASE IV.—Mrs. C., supposed to be four months pregnant, was taken with alarming hemorrhage, which, despite tampon and internal remedy, went steadily on. During efforts to produce dilatation of cervix and evacuation of uterine contents a mass of substance very like greatly magnified fish-eggs was extruded. It was a case of hydatids, which yielded only to very thorough use of the curette. Five years later, after period of good health, she gave birth to a healthy child.

Case V.—Mrs. M. B., never pregnant and a widow for thirty years, is still menstruating at fifty-two. For two years she has suffered continuous uterine blood-flow, at times excessive, with increasing uterine and ovarian pains. A year ago, after having taken my remedies, sent her by mail, for some months without special help, she came to see me. I found degeneration of endometrium which I treated by curettement, removing a large amount of adenoid tissue. For three months she menstruated normally, and thought herself well. But the symptoms again returned and during Christmas holidays I repeated the treatment, with like result, securing another crop of adenoid, or as the microscope revealed, papillomatous tissue, and corresponding cessation of hemorrhage and pain. In less time than before I was consulted again on account of reappearance of all the old troubles. This time I determined to go to the bottom of the matter, produce the menopause, and get, if possible, a thorough cure. I therefore made an abdominal incision to determine the state of the uterine appendages. These, finding cirrhotic and cystic, I removed. She made a rapid recovery from the laparotomy and a month later I curetted her, as I fully believe, for the last time, removing a quantity of papillomatous tissue equal to the former removals. With the establishment of the menopause and the atrophic changes that go on after that time I have little fear of further trouble. She is still an inmate of my private hospital, convalescing rapidly, but the time since the operation is too brief to claim results. This case, however, is a type of one of the most troublesome and disappointing conditions that can confront us; and I report it, not as a brilliant exhibition of successful treatment, but as an instance of disease pertinacity, and the necessity for patient and repeated application of the indicated remedy. This condition may yet degenerate into malignancy and either yield to hysterectomy or prove itself beyond the pale of the ministrations of our art.

No. 50 Circle.

In the diagnosis between acute tuberculosis and typhoid fever, I have frequently relied upon the observation that in acute tuberculosis, though the fever is high and the pulse feeble, the patient is active, tossing about; while in typhoid fever, with the same temperature, the patient will be exhausted, slipping down in bed.—*Smith. The Chironian.*

ANÆSTHETICS IN THE LYING-IN ROOM.

By JOSEPH H. COWELL, M.D.,
SAGINAW, MICH.

[Read before the Homœopathic Medical Society of Michigan, Lansing, May 20-22, 1890.]

In preparing this paper I am aware that much has already been written upon the subject treated; but I also believe that a careful compilation of the actual practice of representative homœopaths in Michigan will have some elements of interest for this society.

I take this occasion to state that I have consulted neither text-book nor medical journal for any of the facts that I have here recorded. What I have written down is the result of many years' practical experience on the part of many representative physicians. With this end in view, I had circulars printed announcing the title of my paper and asking answers to questions, a list of which I give below. These I enclosed with a stamped and addressed envelope to some two hundred physicians. I endeavored to reach all the members of the State Society, and such others as I knew to be men of standing in their various localities. I was somewhat hurried in my preparations, and now know that I omitted many prominent men, but enough were included for a fair exposition of the stand taken by homœopaths in this field. These questions were as follows:

1. Do you use anæsthetics in labor?
2. If not, please give your reasons for not using them.
3. If you use them, which agent do you prefer, and how do you administer it?
4. Aside from cases of forceps delivery, to what degree do you push the anæsthetic?
5. In eclampsia, if opposed to anæsthetics, give your reasons.
6. In eclampsia post-partum which anæsthetic do you prefer, and how long do you continue its use?
7. Have you used cocaine? If so, what has been your experience with it?
8. Do you consider heart disease a bar to the use of anæsthetics in labor?

As I expected, I received the carefully expressed opinions of nearly fifty per cent. of those to whom circulars were sent. These answers I will now proceed to consider, stating right here that I have endeavored, so far as possible, to avoid any expression of my own opinion, only so far as my views are expressed in numerals in the summing up.

The answers to the question, "Do you use anæsthetics in labor?" I have classified as follows:

Yes, 39; yes, in all cases, 2; yes, generally, 6; yes, frequently, 1; yes, unless patient objects, 1; yes, when patient wants it, 2; yes,

when necessary, 4; yes, occasionally, 15; yes, but not often, 3; yes, but only in difficult instrumental labor, 5; no, 7; no, not as a rule, 3.

Here, at the very outset, is what I confess was to me an unexpected majority in the affirmative. Out of a total of eighty-eight, fifty-five, or nearly two-thirds, express themselves as favoring anæsthetics at least frequently. More than two-thirds of the remaining, viz., twenty-six, record their votes in favor of their occasional use, leaving only seven who are absolutely in the negative.

To one who knows what the universal practice of all schools was twenty years ago, this change is, to say the least, remarkable.

The answers to question No. 2, "If not, please give your reasons for not using them," are thirteen in number. Six physicians who admit that they do use anæsthetics still give reasons why, in ordinary cases, they should not do so.

As many of these men are well known to us all for good work done in the service of homœopathy, as their number is so small and their convictions so strong, and, finally, as their replies are brief, I have taken the liberty to transcribe them.

The first, from a man whose name is almost a household word among us, is as follows:

"No. I use the similar remedy. Have no use for allopathic expedients. It deprives the patient of the ability to express her sensations —symptoms which are the best and often the only guide on which the homœopath can rely in the hour of danger."

"No. (*a*) Patients object. (*b*) By depriving patients of voluntary expulsive force, labor is retarded. (*c*) If patients have senses intact, faults in the progress of labor can be corrected by the similar remedy."

"No. Because labor, or childbirth, is a physiological procedure, and the less manual interference the better for mother and child. In an obstetrical practice of nearly forty years I have never lost mother or child, and have never used an anæsthetic."

"In my experience anæsthetics lessen the severity of pains, and retard the natural progress of labor. The mental condition of the patient is more hopeful without than with them."

"On account of the fear that people have of them, any difficulty happening after delivery would be attributed to the anæsthetic."

"The patient's recovery is not as prompt. It causes a weak, sinking feeling afterwards, which sometimes lasts for days."

"Because I believe in following the law of nature, excepting where it may be imperative to use the forceps."

"Because I have always succeeded in giving a good homœopathic remedy, and never had a case that I thought called for it."

"Because of an element of danger and depression of the nervous system following."

"In some cases the perineum was injured and recovery retarded. In others I could not detect a satisfactory effect; probably from alarm of the patient and friends. Rather devote time than administer chloroform."

"The people are opposed to its use."

"Becaure of ill results and even loss of life. I have seen two killed by its use in allopathic practice."

"Twenty years ago I gave chloroform quite often, if requested, but observed that such cases were often followed by more tardy recovery. Mammary abscess, phlebitis or some other unpleasant trouble was more likely to result. For twenty years past I have not known a woman in labor to cry out or make a loud complaint of her sufferings. Twenty-five or thirty years ago they would wake a whole neighborhood. Who can explain this change?"

"I have been in consultation when anæsthetics were used, and almost invariably pains would cease on the instant the patient came under the influence."

3rd. Which agent do you prefer, and how do you administer it?

The following is the result of this ballot:

Chloroform, 76; A. C. E., 3; chloroform $\frac{2}{3}$, ether $\frac{1}{3}$, 1; chloroform $\frac{1}{4}$, ether $\frac{3}{4}$, 1; chloroform $\frac{1}{2}$, ether $\frac{1}{2}$, 2; ether, 2; chloral for rectum, 1.

This indicates the almost universal popularity of chloroform as an anæsthetic in labor over all other agents. Many of my correspondents gave their reasons for so choosing, but no reason can be more valid than the fact that seventy-six of their number use it. Ether received few votes, it being classed as dangerous, especially when interstitial nephritis was suspected to exist, as is not unusually the case in eclampsia.

The alcohol, chloroform and ether mixture received three votes, but the opinion of one of our most distinguished men in this connection is worthy of quotation: "A combination of anæsthetics, as the A. C. E. mixture, has no more to commend it than any other polypharmic mixture. It satisfies a pagan instinct most likely. It is needless and unscientific."

As to the methods of administration, the sim-

plest is the most popular—a few drops on a folded napkin in the hands of the nurse or the patient herself. This plan is advocated only in ordinary cases. When profound anæsthesia is required more care is necessary. Many advise what I have found in my own practice to be most convenient and economical, viz., a bit of absorbent pressed into an ordinary tumbler and saturated with the agent used. The nose and mouth should be well anointed to prevent scalding.

4th. Aside from cases of forceps delivery, to what degree do you push the anæsthesia?

This question covers all cases not requiring, in the judgment of the attending physician, instrumental interference.

Favoring partial anæsthesia, 52; complete, in severe cases, 5; complete as head passes the perineum, 5.

It is very difficult to perfectly classify all the answers received to this question. The almost unanimous opinion is, for ordinary cases, only partial anæsthesia, the remedy being pushed to the first stage only, sometimes even falling short of that. The favorite method of administration is to allow the patient herself to hold the napkin, using only a few drops at a time. Many require that she shall at no time reach the point of entire unconsciousness. When complete anæsthesia is advocated it is only in peculiar cases involving severe pains, or when the head is sweeping over the perineal body.

Many interesting individual opinions have been received. One point in favor of the use of anæsthetics made by many is that from complete relaxation of the parts perineal rupture is much less likely to occur.

5th. In eclampsia, if opposed to anæsthetics, give your reasons.

As a rule the same opponents appear here as in answers to question number 2. Only one records himself as favoring anæsthetics in eclampsia. I quote two or three answers. One of the pioneers of homœopathy in this State writes as follows: "It has no curative virtue, but acts as a powerful paralyzant, thus seriously interfering with the curative action of nature or of any proper medical treatment. In instrumental delivery in eclampsia it is unnecessary, as the patient is already unconscious. I have known allopaths to violate this self-evident rule, and make a display of giving anæsthetics in the most profound coma."

Another practitioner of over forty years' standing writes: "The well-selected remedy is equal to the emergency. At least this has been my experience."

In eclampsia post-partum which anæsthetic do you prefer, and how long do you continue its use?

Chloroform, 43; ether, 2; chloric ether, 1; A. C. E., 2; chloroform and ether, 2; chloral, 4; morphia, 1; morphia and atropia, 2.

All who use anæsthetics at all agree that their use should be continued until all danger of further convulsions ceases.

Many suggestions as to other remedies have been made, but as they are foreign to the subject are omitted.

7th. Have you used cocaine? If so, what has been your experience with it?

As to the use of cocaine the answers have generally been in the negative. I have received a few letters from physicians who have had some experience with it; from them I quote:

"A three or four per cent. solution of cocaine on cotton applied to the os for four or five minutes in rigid os and slow dilatation often works like magic."

"A solution painted on the parts is usually inefficient. Injected, it often gives rise to unpleasant symptoms. Its use in my hands has therefore not been satisfactory."

"In the third stage a four per cent. solution seems to lessen the pains considerably."

"Yes, with the best results. In the first stage saturate absorbent cotton and apply to the neck or around the cervix, using Sims' speculum or the two fingers of the left hand. In the last stage apply to the perineum. The use of cocaine not only relieves the pain of the first stage, but relaxes in a great degree the circular fibers and hastens by more than one-half the dilatation. In the last stage it relaxes the perineum and makes it more elastic, and by relieving the suffering prevents the forcible straining to hasten the expulsion and shorten the agony of the 'period of despair,' thus giving time for more gradual distension and preventing rupture. The use of this agent in the first stage will undoubtedly in many cases prevent eclampsia."

"Yes. Its use shortens the first stage when applied to the cervix. Applied to the perineum it lessens pain and prevents rigidity."

"I used cocaine in one case of vaginitis at the beginning of labor, in *adeps simplex*, with quick and permanent relief."

"Yes; I have found its use to be most satisfactory. I use it in the first stage of labor,

mopping the cervix thoroughly with a four per cent. solution. When the head passes the perineum I perform the same service for it."

"In the first stage, applied on cotton to the os, it lessens pain and, I think, hastens dilatation. It is important to protect well with the fingers, otherwise discharges and pressure will prevent the drug from coming in contact with the os uteri."

"I have never used it in obstetrics except to repair a lacerated perineum. For this purpose it acts fairly well, yet if the operation is deferred for some hours, I prefer chloroform."

Three others report that they have used it without satisfactory results.

8th. Do you consider heart disease a bar to the use of anæsthetics in labor?

It was my intention to fully discuss this subject, but find that it occurs too late in my paper to receive the attention its importance requires. I therefore close with the simple summary:

Yes, 22; yes, in fatty heart, 4; yes, in anæmia, 1; yes, in bad cases, 1; yes, in great dilatation, 1; No, 42; no, not if used with caution, 14.

THE DYNAMIC FORCES UNDERLYING DISEASE.

BY JULIA M. ORR, M.D.

[Read before the Illinois Homœopathic Medical Association, Chicago, May 13-15, 1890.]

THE dynamic forces underlying disease are physiological forces acting under unphysiological conditions. Modern pathology teaches us that in studying disease we have to deal with no new function or element, but simply with disturbances of normal functions and elements. These disturbances may consist of new conditions in the evolution of nerve force and the distribution of trophic influence; of abnormal metabolism in the chemical processes of retrograde metamorphosis; of molecular changes in secretion and nutrition; and these alterations may be invisible to the eye, unaccompanied by structural change, inseparable from life and undiscoverable in death. Such alterations constitute the morbid process in disease. They may give rise to mere derangement of function, but as nutrition and function are dependent on each other, any prolonged functional derangement may produce nutritional change and structural alteration.

Structural change is one of the physical signs of disease, but it is not disease, for underneath the anatomical alteration always lies the dynamic condition.

The ability to carry on the chemical and physical processes constituting healthy life is determined by the stability and integrity of the nerve elements, for it is now universally admitted that the function of bodily organs, the processes of nutrition and the activity of the blood vessels are under the control of the nervous system, and it is here that we must look for the primitive manifestations of disease.

Nervous impulses are continually passing from all parts of the body to the cerebral centers, and the mental effects produced are transmitted by molecular motion to the muscles, finding expression in muscular activity, or to the processes of secretion, causing changes there; and these insensible, invisible molecular movements are the basis of all our bodily functions. There is an intimate sympathy between all parts of the body, and through the nervous paths of communication mental action and bodily function are inseparably bound together. Mental and emotional states are dynamic forces underlying disease. They act directly by producing molecular disturbance of the vesicular neurine, and thus exaggerating, lessening or perverting the processes of nutrition.

Vitiation and impoverishment of the blood, by affecting its quantity or quality, create irritation of the nerve cells, and disturbance of trophic function and blood states are therefore dynamic factors of disease; but vascular influence is secondary, as the caliber and activity of the vessels are determined by the vaso-motor centers. Accidents, with surgical interference, do not necessarily constitute diseased conditions. If the wound heals by first intention, the vitality is not lowered, there is no interference with the blood supply, and the tissue remains healthy; but if inflammation occurs, the vitality *is* lessened, the blood supply becomes abnormal, degeneration ensues, and the inflammatory action arising from lowered vitality and abnormal blood supply *is* disease.

I will now leave the vascular states and return to the consideration of the mental and emotional states—those marvelous, complex and potent forces that work for the weal or woe of every human life. The wonderful expressiveness of the human body is due to these states. Your habits of thought and action, passing continually through afferent and efferent nerve impulses, shape your attitude and gestures, and the close observer can read your history in your face—your morals and your motives in your "tricks and manners." In the few square inches of the human face we have the chief region of emotional display. Here we look to find how the man is related to life, how

long he has lived, how much he has loved, or suffered, or struggled, what temperament has been given him by his ancestors, and whether he is wise or foolish, learned or ignorant, strong or weak, kindly or selfish, noble or base.

The trigeminus, as the sensory nerve of this region, is especially related to emotion, and is the most important nerve of common sensibility in the body. It has fibers of origin from the quadrigeminal bodies, in which the center of emotion is said to be located, and holds intimate relations with the points of origin of seven out of the twelve cranial nerves. It possesses considerable vaso-motor influence, and has certain unnamed fibers dominating the proper nutrition of the eye—that "window of the soul"—and of the nose and other portions of the face. It influences the secretion of tears—glad tears of joy and laughter, bitter tears of grief and pain, and unshed tears that keep the eye moist and free from irritating particles.

Every pleasure and every pain and every mode of emotion has a definite wave of effects, bringing into functional activity some nervous center and those portions of the nervous organism over which this center presides.

Hope, joy and pleasurable emotion are favorable to health, and produce an exhilarating effect on bodily functions, as shown in the quickened pulse and respiration, the heightened color, the brilliancy of the eye and the buoyancy and elasticity of the step.

Grief, anxiety and painful emotions, on the contrary, relax the arteries, enfeeble the heart, impair the digestion, dull the eye, and give pallor to the face and languor to the movements. What is more debilitating than hopelessness?—more exhausting than grief and anxiety? And what more fruitful sources of disease have we than debility and exhaustion?

Pain, wherever found, is an evidence of molecular deterioration, and this is true of the psychical pain of mental suffering. Intense mental conflict is one of the severest forms of human suffering, and it is a well-known fact that great or sudden mental shock may cause instant death, convulsions, chorea, epilepsy, apoplexy or madness.

Mental agitation and suffering may lessen or alter the secretions, and hinder or pervert nutrition, by acting on the vaso-motor system and contracting or dilating the vessels, and it would be well for us to remember that hyperæmia, anæmia, vaso-motor spasm and vaso-motor disturbances generally play an important rôle in the list of organic and functional diseases.

Gower relates the case of a woman who was to be separated from her husband by a long absence, and was intensely distressed after parting with him. Her sister, who was present, insisted that she should not cry, and by a great effort she restrained the tears, but soon felt a sense of pressure above the eye-brows, followed by supra-orbital neuralgia, lasting for several weeks.

Suppressed emotions, like suppressed eruptions, are liable to metastasis. As mental and emotional states are such powerful forces in the causation of all sorts of disease, why should they not be used as agents in the restoration of health? There is a legitimate place in scientific medicine for mental therapeutics.

An empirical use of mental therapeutics inspires a strong belief in the effect of some remedy, appliance or mode of treatment, valueless in itself; and charms, amulets, elixirs, patent medicines, specifics, placebos and the expectant treatment have all been used in this way, and numerous cures have been effected because the mind of the patient has acted in the right direction—towards health. A strong belief in recovery, by affecting nutrition beneficially, often results in a cure.

A scientific use of mental therapeutics will not appeal to the credulity of the patient. It will call upon his common sense. It will lay out a course of treatment in which the intelligent coöperation of the patient will be required. His morbid sensations and disordered emotions will not be relegated to the realms of imagination, but will be placed under scientific investigation, and discussed and explained on scientific principles. Huxley defines science as "trained and organized common-sense," and every intelligent patient has a sub-stratum of common-sense that can, by an intelligent physician, be brought into scientific relations with his disease.

Granting that a patient has a congested imagination. Does it not require as skillful and scientific treatment as a congested liver? And is it scientific to call conditions not readily understood, nor easily cured, imaginary?

A sick man goes to a physician because he is ignorant of disease, uncertain of its results, and anxious to get well. The mental friction and worry of ignorance, uncertainty and anxiety aggravates his other sufferings, and he believes the doctor will know what is the matter with him, and cure him. Just here the imagination

of the patient is affected, although this point is not mentioned in medical works. If the doctor is a specialist, he looks on every patient as the amplification of an organ—the organ he treats.

The doctor's imagination is not affected. It is not what *we* believe—that is imaginary; it is what *other* people believe. Can we never expel this tape-worm of the imagination from the medical vocabulary?

The subjective symptoms of a patient are too often disregarded, and very little attention is paid to the long stories he has to tell of his feelings, emotions and sensations, and he is looked upon as nervous, fanciful and hypochondriacal, because he has been examined from head to heels with all the modern appliances of physical diagnosis. The ophthalmoscope, stethoscope, sphygmograph, æsthesiometer, microscope, chemical analysis and electrical reaction find nothing wrong with him. He feels a consciousness of weariness, unrest and failing power he cannot explain; a sense of gloom and despondency he cannot shake off; a want of capacity for mental effort and physical exertion, and an inability to meet the responsibilities and duties of his daily life that appall him; but he is told he has no organic disease; that he must pay no attention to his sensations; that he is nervous and needs more air and exercise, and must have a tonic or a nerve-food. Why should he be told to disregard his sensations—those danger-signals from the very springs and centers of his life? When, from any cause, there is a lowering of resistance in nerve cells, they are more easily aroused to activity, and their action is greater than normal, and the nerve impulses may be so increased in energy that a sensation is produced by nerve processes that should not be perceived in health, and these sensations may be increased to a distressing and painful degree by constant attention, especially in those of nervous temperament.

Telling a patient to pay no attention to the sensations from which he suffers is of no use, for he cannot overcome or ignore them by an effort of the will; but he *can* be told what causes them, and be taught not to coddle them, but to avoid everything that excites or increases them. He can be made to understand that nervous force is not self-generating or inexhaustible; that he must put the waste and repair of his daily life on a mathematical basis, and when he comprehends the fact that all parts and organs are impaired by activity and repaired by rest, that the change of waste which accompanies energy is restored by nutrition during rest, he will be ready to work *with* the physician and establish correct habits of life.

We are told to "strengthen and exalt the imagination" of the patient, but is it not better to strengthen his hope, exalt his purpose, and train his common-sense? Hope gives fresh energy and stimulates every bodily function, and the courage aroused by a strong purpose determines his volition.

The environments of his life may remain unchanged, but he learns to adjust himself to his circumstances without friction; he finds that remedies are secondary, and hygiene the larger part of therapeutics, and he catches foreshadowings or foregleams of that millennial day when sanitation and surgery shall occupy the whole field of medicine.

He has not taken a placebo; he has not been made to believe anything that could not be scientifically demonstrated; but his *mind* has been the chief agent employed in his recovery. His imagination has not been strengthened or exalted or imposed upon; but his reason, his judgment and his common-sense have been exercised and trained into intelligent relations with his functional activities; his health has been restored, and his doctor has made a skillful and scientific use of mental therapeutics.

40 THIRTY-FIRST STREET.

IN March, 1890, two corpses, woman and child of same family, dead of throat disease, certified by attending physician to be not "dangerous to the public health," were conveyed from Montmorency county to Lapeer county, Mich., where, just one week from the day, the coffins were opened and the remains viewed. A person who was thus exposed came down with diphtheria. Many others would probably have been exposed except for the action of the local health officer, Dr. C. A. Wisner, who, suspecting that the cause of the deaths was diphtheria, warned the neighbors and forbade the opening of the coffins at the funeral. He promptly isolated the first case that occurred, and no epidemic resulted. This is quite different from the result of a similar occurrence at Zanesville, Ohio, last spring, where many deaths resulted from exposure to a corpse brought from Chicago. It shows the importance of notice to the local health officer of the arrival of every corpse, so that he may take every precaution which may be necessary.

OPINIONS EXPRESSED.

The difference between us and our opponents is, that whereas they treat *individual* symptoms, we treat *the totality* of the symptoms; that is, the disease itself.—*Dr. Carfrae.*

If I were a man I should be either a doctor or a soldier. The courage that belongs to them makes these two the grandest professions in the world. True, they contradict each other; one kills and the other cures, yet both are noble.—*"The Duchess."*

Epileptics are drenched with bromides, especially in out-patient departments, until a form of bromo-mania, now well recognized in asylums, is established, and the epileptic, who fifty years ago passed easily through life, has to be put under restraint.—*Dr. G. Thompson.*

While I believe that alcoholic stimulants may play a wholesome or profitable rôle in dietetics and therapeutics, I think that these liquids are habitually used to excess, and fear that the medical profession is not quite free from the reproach of having been the means of starting many persons down the hill of alcoholism.—*Dr. E. C. Seguin.*

When we make a dispassionate study of insanity we find that it is on the increase only among those who live unwise and reckless lives, and among those who inherit some unfortunate predisposition to mental aberration. The offspring of a dissolute father or an hysterical mother, or both, has, as a natural and inevitable consequence, tendencies to weakness of the nervous system, and to consequent mental eccentricity and mental unsoundness.—*Dr. Selden H. Talcott.*

When we select drugs for the sick for their dynamic and curative effects, we are guided by the law of *Similia similibus curantur.* We see no good reason for dropping the distinctive title of homœopathy, which stands for a distinct law of cure, and which has borne the test of time. Although the pioneers who first recognized and practiced this law of cure were compelled to form themselves into a separate organization, we who inherit the fruit of their labor should be slow to lower the standard they have so nobly borne to victory. As educated physicians we make use of all the means and appliances that science has brought to our aid. As homœopathic physicians we practice a law of cure whose beneficent influence has modified the thought and practice of the whole medical world.—*Dr. Mary A. Brinkman.*

WORTH KNOWING.

Transverse presentations occur once in 180 deliveries.

Placental expulsion is apt to be delayed in multiple pregnancies, and the danger of hemorrhage is increased.

Absolute accuracy of diagnosis in the abdomen is very far from being possible; only the ignorant assert that it is, and only fools wait for it.—*Lawson Tait.*

There is no danger in the sudden and complete withdrawal of alcohol in inebriety if the case—no matter how severe—be in the hands of a skillful physician able to personally direct the hourly treatment from the first.—*Dr. James Stewart.*

Every few months I see a case in which the unwise administration of the bromides has been injurious to the patient, and I am thus led to the belief that this must represent a vast amount of abuse throughout the country.—*Dr. E. C. Seguin.*

The fact is, many soft-hearted persons are careless, to the point of absolute dishonesty, in charging upon the existing social organization things which are the proper effects of the constitution of nature on the one hand, or of human willfulness on the other.—*Francis A. Walker.*

I have known several cases of alcoholism in women which had their starting point many years before in a carelessly given order to take some stimulant before dinner, on the plea that it would give an appetite. Again, I have known a woman to contract a strong alcohol habit by "taking a teaspoonful or so of brandy" when she felt badly, by a physician's advice.—*Dr. E. C. Seguin.*

In chronic eczema stimulating applications become necessary, and among the best of these may be mentioned the white precipitate ointment, tinc. saponis viridis, and solutions of liquor potassæ. Fats cannot be borne by some skins, and vaseline will frequently produce eczema. When these bases for ointments cannot be borne, lanoline or glycerite of starch may be used with good result. Before active remedial treatment can be undertaken, all scabs and crusts must be removed by thoroughly soaking the parts with some bland oil, as olive or cod-liver oil, and then washing with a strong solution of borax or bicarbonate of soda. Although the general plan of treatment of eczema, wherever situated, is the same, yet it has to be modified more or less, according to situation, whether on head, body, extremities, or is universal.

You will be told that the use of beer, ale and native wines, which are drank mostly at meals in Germany, France, Italy and Spain, is not harmful. This, from considerable observation, I think is a dangerous error. What these beverages lack in strongly intoxicating power is made up by the larger quantities which are ingested, and I think that much mild chronic alcoholism is thus set up.—*Dr. E. C. Seguin.*

The nervous symptoms of leprosy are attributed to multiple neuritis, indicated by muscular wasting and anæsthesia, greatest in degree towards the extremities of the limbs, and unpleasant tingling sensations. The neuritis of leprosy is typically interstitial; the primary sheaths and secondary sheaths of the fasciculi are greatly increased in thickness by nucleated fibrous tissue, arranged concentrically.—*Dr. Suzuki.*.

Observations on the cultivation of the *streptococcus erysipelatis*, made by Prof. Leroy, from which it appears that this fungus, after growing and developing in gelatine may disappear and remain inert for a time (over a year in these experiments), may resuscitate itself, again grow actively, and become capable of inoculating fresh gelatine cultivations, and exciting true erysipelatous inflammation in the ear of the rabbit. Professor Leroy thinks that this property accounts for recurrent and periodic erysipelas.

Acne may be successfully treated by the use of boric acid and alcohol. The solution employed consists of half an ounce of boric in eight ounces of alcohol, to which perfume may be added if desired. The directions for treatment are as follows: Bathe the face at night in hot water containing a few drops of ammonia; do not use soap. Rinse the face in cold water. Dry the face. Then apply the solution, sopping it on with the corner of the handkerchief or soft, clean rag. In the morning do not wash the face, but apply the solution. Carry the solution with you, and apply it several times a day if the skin becomes moist. In very bad cases apply a little ether and remove the comedones with the extractor at the time of the visit. Within a week great improvement should be obtained. Unlike most applications to the skin, the boric-acid solution forms an elegant toilet preparation, as it deposits a delicate powder which is scarcely perceptible, and yet serves to remove the "shine" from the face. It has been thought that the alcohol might be the active agent in the cure of acne, but without the powder which it carries the alcohol would not be tolerated, as it leaves a glistening surface on the skin.

The wide-spread idea that bromides exert a hypnotic action seems to me erroneous. Any one of us might take an ounce of bromide of sodium this evening without influencing our sleep, the sedative effect would be manifest in the next day or two. The basis of the notion that bromides are hypnotic is in the fact that their continued use in full doses develops a dull, stupid, and even semi-comatose condition; but this I believe to be utterly different from true sleep, and to be due to a profound alteration in the constitution of the cortical gray substance.—*Dr. E. C. Seguin.*

For the past three years I have prepared all the catgut that I have used with my own hands, and a large experience with it has led me to the conclusion that it is the best obtainable material in certain cases of plastic and abdominal surgery. I purchase from the wholesale dealers in musical iustruments several boxes of three sizes of the catgut strings used on the violin. I get the best quality. They are placed in a large, open-mouthed bottle, filled with sulphuric ether, and allowed to remain for forty-eight hours. When removed, they are very nearly perfectly white, as the ether removes from the catgut all the animal oil. They are then placed in a mixture of three parts alcohol and one part juniper oil, with the addition of three drachms of hydronaphthol to each quart of the fluid. The strings are allowed to remain in this mixture for ten days, when they are ready for use. They are semi-transparent in appearance, are perfectly flexible, and exceedingly strong.—*Dr. Clinton Cushing.*

Notwithstanding the assertions of many experimentalists to the effect that iodoform is entirely useless as an antiseptic dressing, and that it may even convey infection to an aseptic wound, surgeons still maintain its value, and it is used in one form or another and in large quantities as a wound application at present. This double feeling, of its apparent value in the wards and its apparent uselessness in the laboratory, led the author to carry on a long and carefully conducted series of experiments, as a result of which he agrees with Drs. Ruyter and Fenger in concluding:

1st. That ptomaines without organisms are capable of causing suppuration, and that iodoform is able so to act on the ptomaines as to prevent suppuration.

2d. That the drug must be used in large quantities, quantities largely in excess of the ptomaines or organisms.

3d. That the special value of iodoform rests on its prolonged action.

Silver wire I use less each year. For some years I have used it only in cases of vesico-vaginal fistula, but I doubt not silk-worm-gut would be equally good material in such cases. Its advantages of being unirritating to the tissues and easily made aseptic are qualities which hold equally good of the silk-worm-gut. Its disadvantages are, that its introduction is attended with more difficulty than the sutures that have been already mentioned, on account of its stiffness, as we must first introduce a loop of silk, and afterward draw the wire into position; whereas with the silk-worm-gut it can be threaded directly into the eye of the needle, and placed *in situ* more easily and more rapidly.—*Dr. Cushing.*

Varicose veins may be radically cured by multiple ligation. Dr. Phelps has operated upward of a hundred times, and unhesitatingly commends the measure as the best method for obtaining permanent occlusion of veins. He would restrict the operation to the following cases:

1st. Where this condition constitutes disability in physical examination—as for admission to the army or navy, or for appointment in a municipal department.

2d. Where the size of the veins, the formation of venous tumor, or the attenuation of the coats or tegumentary coverings threaten hemorrhage.

3d. Where chronic ulceration or eczema exists.

4th. Where circulation has been so far impaired as to occasion swelling of the feet or loss of power in the limb.—*N. Y. Med. Jour.*

A fact which has been a great surprise to me, is the manner in which the dispensary patients have given characteristic symptoms for the use of some of the drugs in the homœopathic materia medica. I have had at least four patients give me the characteristic symptom for the use of Colchicum autumnale, to wit, the smell of food; cooking would cause them to feel like vomiting, and in all of these cases a cure was effected. Others have given the characteristic symptom for the use of Cactus grandiflora, to wit, a feeling as if the heart were held in a vise, and it was constantly being screwed up tighter and tighter; others have given characteristic symptoms for the use of Podophyllum in diarrhœa, to wit, a sudden splash as if water had been turned on from the hydrant; and many other instances might be spoken of, but time and space will not admit of them.—*Dr. Ver Nooy, in the Chironian.*

A very good prognosis of the healing of surgical wounds can be obtained by examining the secretion from the surface during the first two or three days. If this be sanguinolent, prognosis is more or less bad. Care must be taken not to confound any slight after-bleeding with true sanguinolent secretion. The prognosis is only bad where the secretion from the whole surface of the wound is tinged with blood. In phthisical persons and hard drinkers there is nearly always a great tendency to a prolonged secretion of sanguinolent matter after wounds, and sometimes the tinge remains throughout the healing process, which is in these cases very tedious. When the secretion on the first day is free from blood, it shows that the capillaries are closed, and therefore that the intra-capillary pressure is normal. Again, it is evident that when the intercapillary pressure is low the endosmose and the exosmose between the vessels and tissues cannot be taking place properly, and thus that the due healing of the wound cannot be expected to proceed as it ought.—*Nussbaum.*

In my experience physicians are still largely responsible for cases of morphine habit. Only this winter I met with a case in which this fatal habit resulted from a dose of morphine casually given to a patient for a moderately severe pain, by a physician hurriedly making the round of his extensive country practice, a fact to which he probably never gave a second thought in his busy life. Let me ask you to bear in mind that these medicines are almost always useless in neuroses, while they positively aggravate cases of migraine, hysteria and neurasthenia. I have notes of several cases of migraine which were changed from the usual type of monthly or semi-monthly recurrence to weekly, and finally to daily headaches; in other words, the patient became the victim of constant headache only kept within bounds by the daily use of the remedy in steadily increasing doses.—*Dr. E. C. Seguin.*

It is Worth Remembering

That soda is oxide of sodium.
That red lead is oxide of lead.
That rust of iron is oxide of iron.
That potash is oxide of potassium.
That oil of vitriol is sulphuric acid.
That realgar is sulphide of arsenic.
That slacked lime is hydrate calcium.
That spirits of hartshorn is ammonia.
That niter of saltpeter is nitrate of potash.
That sal-ammoniac is muriate of ammonia.

SELECTIONS.

The Use of Pessaries.

I wish to say a few words with regard to the use of pessaries in cases of malposition of the uterus. Although we do not use pessaries now as much as formerly, we do occasionally get a case where a pessary is an absolute necessity, for I do not think that all diseases of women can be cured without having recourse to them from time to time. That is my experience, and is, I believe, the experience of nearly everyone else. It is well then to know how to put in a pessary and fit it. As a general rule there is not one doctor out of a thousand who knows how to do it, simple as it may appear. The pessary is an instrument that must be fitted properly or not at all, and by a man with some little mechanical knowledge as well as an anatomical knowledge of the vagina, for he has to fit the pessary in the vagina as closely and as thoroughly as a dentist fits the mouth of his patient with a new set of teeth. In other words, to fit it so perfectly that the patient will not know she is wearing a pessary at all. If I have a patient with retroverted uterus, and that organ is perfectly movable in the pelvis, I can give that patient, by the use of the pessary, such a degree of comfort as will be thoroughly appreciable by her.

To commence with, I always use at the start a block-tin pessary. These pessaries come in all sizes, and they can be bent into any shape you desire. I first form in my mind the exact shape, length, breadth and general position of the vagina. The size of the pessary will have to depend upon the degree of retroversion of the uterus, of course. Having determined on that I then try the instrument, and if it is too tight at one part or too loose at another I bend it a little until it is brought to the required shape. Having inserted the pessary in the vagina, I then ask the patient to walk in my office, and if she does not realize the fact of the presence of the instrument in the vagina I then let her try it for twenty-four hours, and if within that time it gives her the slightest degree of pain or discomfort, I at once withdraw the instrument and substitute for it another one that will fit her better. Never wait for twenty minutes or so to see if the pain or discomfort subside, for within that short space of time you may produce more damage to her person than you can remedy in three or four weeks. If at the end of a month or so I find the block-tin pessary answers its purpose, I then take it out and put in a hard rubber one, using the block-tin as a guide.—*Dr. H. Marion Sims.*

Syphilis and Rachitis—Differential Diagnosis.

In the young congenital syphilis sometimes bears a strong resemblance to rachitis. The following are the chief points of differentiation:

Syphilis.	*Rachitis.*
1. No spongy tissue.	1. Spongy tissue.
2. Osteophytic osseous layers.	2. Peripheric spongy layers.
3. Augmentation of diameter by these layers.	3. Augmentation of diameter due to spongy tissue.
4. Osteomalacia and decalcification hardly marked.	4. Osteomalacia and decalcification considerable.
5. Gelatiniform degeneration, which may lead to separation of epiphyses.	5. Never any gelatiniform degeneration.

As the disease progresses these lines of demarcation become less well defined, and the distinctive points, although present, are not so well marked. Reduced to the tabular form they are expressed thus:

Syphilis.	*Rachitis*
1. Osteophytic layers with medullary spaces between.	1. No osteophytic layers.
2. Augmentation of diameter from osteophytic layers and spongy tissue.	2. Augmentation of diameter by spongy tissue only.
3. Bones flexible, but less so than in rachitis.	3. Bones flexible.

A Hypnotic Test.

The end which I have ever kept in view, and which I have never lost sight of, is this: To study the hypnotic phenomena according to a strictly scientific method, and for this purpose to employ processes, purely physical, and which can always be compared with one another, so that the results obtained by me may be rigorously tested by all observers who shall use the same processes under the same conditions.

Take one example from among a thousand. I present to a woman patient in the hypnotic state a blank leaf of paper and say to her: "Here is my portrait; what do you think of it? Is it a good likeness?" After a few moments hesitation she answers: "Yes, indeed, your photograph; will you give it to me?" To impress deeply in the mind of the subject this imaginary portrait, I point with my finger toward one of the four sides of the square leaf of paper, and tell her that my profile looks in that direction; I describe my clothing. The image being now fixed in her mind I take that leaf of paper and mix it with a score of other leaves precisely like it. I then hand the whole pack to the patient, bidding her go over them and let

me know whether she finds among these anything she has seen before. She begins to look at the leaves one after another, and as soon as her eyes fall upon the one first shown to her (I had made upon it a mark that she could not discern), forthwith she exclaims: "Look, your portrait!" What is more curious still, if I turn the leaf upside down, as soon as her eyes rest upon it, she turns it over, saying that my photograph is on the obverse. I then convey to her the order that she shall continue to see the portrait on the blank paper even after the hypnosis has passed. Then I awaken her and again hand to her the pack of papers, requesting her to look over them. She handles them just as before when she was hypnotized, and utters the same exclamation: "Look, your portrait!" If now I tell her she may retire she returns to her dormitory, and her first care will be to show to her companions the photograph I have given her. Of course her companions, not having received the suggestion, will see only a blank leaf of paper without any trace whatever of a portrait, and will laugh at our subject and treat her as a visionary. Furthermore, this suggestion, this hallucination, will, if I wish, continue several days; all I have to do is to express the wish to the patient before awakening her.

The foregoing experiments have been made hundreds of times by me and by others, and the fact can easily be substantiated; their objectivity is as complete as could be wished in researches of this kind. Hypnotism is directly amenable to our means of investigation, and must needs be an integral part of the known domain of science. To that goal our efforts ought to be directed.—*Charcot, in The Forum.*

Two Cases of Nystagmus Associated with Choreic Movements of the Head in Rachitic Babies.

Under the titles spasmus nutans, nictitatio spastica, etc., several writers have reported cases of clonic spasms of a group of muscles innervated by the accessory nerve, notably the sterno-cleido mastoid, trapezius, and recti capitis muscles.

This muscular unrest may be unilateral or bilateral, and ceases during sleep.

Nothing is known as to the etiology of this condition.

In severe cases of long standing the prognosis is unfavorable, and the treatment is limited to the removal of any form of reflex irritation which may be present or is supposed to exist.

A short description of spasmus nutans may be found in some of the text-books on nervous diseases and diseases of children, and in reports by Newham, Henoch, Ebert, Fournier, Demme, and others; *vide* Eulenberg's Encyclopædia article, "Spasmus Nutans," vol. xii.

As the two cases which came under my notice presented features not hitherto described, I have concluded to report them.

The first case seen by me was that of a child, eleven months old, in which the choreic movements were noticed by the mother on the day following an injury to the head by falling from a high chair. The muscles supporting the head were in such a state of unrest as to seriously interfere with the comfort of the child. The child soon became peevish, refused to take food, and became emaciated in appearance.

A careful examination showed a marked rachitic development and nystagmus of the horizontal type. The eyes were examined by competent ophthalmologists — Drs. Koller, Schapringer, and E. Fridenberg — and, excepting nystagmus, nothing abnormal was detected.

It was furthermore noticed that if the child's attention was engaged by a shining object, held at some distance above the eye-level, nystagmus and choreic movements would cease during fixation.

It was also apparent that the movements of the head were not the consequence of muscular weakness, but, on the contrary, it seemed as though they were due to a distinct effort on the part of the child for the purpose of visual fixation, made difficult by the existing nystagmus.

The application of an eye-bandage suggested itself, and as soon as this was in such a position as to exclude every ray of light, the choreic movements ceased completely; if, however, the bandage was so applied as to admit but very little light, the head movements persisted.

This phenomenon was observed by a number of my colleagues, and could be reproduced at any time.

Under such circumstances a permanent eye-bandage suggested itself as a therapeutic procedure. The bandage was properly applied, and removed but once a week, for cleansing purposes. The child was carried to the river-side daily, and was treated to salt baths and massage. The diet was regulated and phosphorus given internally.

This treatment was faithfully carried out by the mother, and at the end of three months nystagmus and choreiform movements had

ceased, and the child was plump and healthy in appearance.

In a second child the symptoms manifested themselves after an attack of measles. At the time of presentation there were moderate conjunctivitis, the nystagmus of the vertical type, and the movement of the head; treatment and ultimate good results the same as in first case.

It appears from these observations that the localized clonic muscular spasms were either compensatory to the movements of the eyeball, or reflex from irritation occasioned by the light to those structures which are concerned in carrying the impression. In view of the fact that the choreic movements ceased as soon as all light was excluded from the child's eyes, I am unable to formulate a more satisfactory explanation of the phenomena observed than the one I have expressed.— *Dr. A. Caille. Archives Pediatrics.*

Pathology of the Paralyses which Occur during the First Two Years of Life.

There are strongly marked lines of difference between the lesions encountered in the adult brain and in the infant. In the adult, when middle life is well past, we find evidences of retrograde processes which tend to weaken or damage the walls of the arteries, and moreover, there are cardiac and kidney lesions which tend to increase the tension of blood in the vessels and lead to cerebral hemorrhage. The infant brain has the advantages of immunity from degenerative changes consequent on wear and tear, and the disadvantages of immaturity; for the vessels of the pia mater are exceedingly delicate, and readily allow of oozing through their walls, while the brain substance is wanting in firmness and easily damaged. Moreover, damage to a brain as yet partially developed is likely to effect greater mischief in the long run by interfering with growth, than the same damage to an already well-developed brain. These differences are certain to influence the lesions which occur. In the infant we have meningeal hemorrhage, meningeal inflammation both of brain and cord, and inflammation of the most vascular spots in the spinal cord; while we miss the large cerebral hemorrhages, and the various forms of softening so commonly occurring in the brain of the adult towards the decline of life.

The principal forms of paralysis occurring during the first two years of life are classified under the following heads:

1. Intra-uterine lesions (meningo-encephalitis).
2. Meningeal hemorrhage.
3. Syphilitic arteritis and softening.
4. Acute cerebral paralysis (encephalitis and embolism, etc.).
5. Acute spinal paralysis (anterior polio-myelitis.
6. Peripheral paralysis.—*Dr. Ashley in Brit. Med. Jour.*

Pyosalpynx.

Here is a specimen to which I wish especially to call your attention. It is the uterus with its appendages. This patient has evidently suffered from the incursions of gonorrhœa, although I have no history to that effect. At any rate, she has had a tubal inflammation, and here is the closed up and cystic Fallopian tube, in which all of the active symptoms of inflammation have subsided, and, we might say, a cure has been effected. The tube is hermetically sealed, the ovary surrounded with inflammatory lymph, and containing a blood cyst. Menstruation has been going on since the closure of the tube; and, as the blood could not escape, it has emptied itself into this cyst. This specimen illustrates what I believe is the end to which all of these inflamed Fallopian tubes would come, if they were let alone. The active inflammation closes the openings of the tubes, and lymph and pus are thrown out into the tube and accumulate there. When the tube becomes full, the blood supply is interfered with from the pressure within the tube, the thick product undergoes a mucoid degeneration, and a large cystic tube is produced, larger than it was when the pus was in it. In tubes like this, which have become wholly cystic, and in those in which suppuration is still going on, microscopic examination reveals that they are not pus cavities, as is claimed by some gynecologists, but that they are lined with perfectly healthy mucous membrane, lined in many cases with columnar cells. Therefore, this process is not a true suppuration. Many gynecologists remove these tubes, urging as their reason for so doing that there is great danger that the inflammation will spread from the tube and reach the peritoneum, and there light up an inflammation which will produce certain and speedy death. This would be true were the process in the tube a true suppuration; but it is not, and there is no such danger to be dreaded. Then, they claim that the Fallopian tube may attach itself to the ovary and adhere, and the inflammatory process extend to that organ, producing there an abscess, with a resultant peritonitis and death. This is true, but it is the rarest

thing for such an accident to happen. As a rule, the tube does not become attached to the ovary, but soon closes, and the inflammatory process is retained, thus, in the tube itself. In a suppurating tube, which is not over-distended, we find the mucous membrane in a luxuriant state of growth. The stage which is shown in this specimen is the one to which all such cases will come, if let alone. The records of this hospital for twenty years past do not show any death from the bursting of these suppurating tubes, or from peritonitis arising from this condition.—*Dr. Morris Longstreth. Med. and Surg. Reporter.*

The Mechanical Treatment of Infantile Diarrhœa.

Dr. Henry Koplik said this form of treatment was intended to be based on the most advanced pathology of the disease. Its aim was to remove the source of irritation. It would be noticed that Dr. Holt had spoken of the mycotic element in diarrhœal diseases, and if this existed, it must previously have passed through the stomach, and therefore the treatment should include the mechanical, or the cleansing of the stomach. Its greatest triumphs were obtained in the very beginning of the disease, aborting it. Of course, the majority of cases were seen too late for their abortion in this way. While the best results were obtained from washing out the stomach, yet the mechanical treatment also included the cleansing by this means of the lower end of the alimentary tract. The method had become well established abroad, but found more difficulty in obtaining general recognition in America. The speaker described the course of treatment pursued by Epstein and Küssmaul, which was both mechanical, dietetic, and to some extent medicinal. The best results, as already stated, were obtained in the acute gastro-intestinal diseases of infancy. In those forms with more marked lesions in the intestines, some benefit was derived from washing out the lower bowel, although the speaker could say less for this than for washing the stomach, with which he had had greater experience. The tube employed was small, composed of rubber, and to the outer end a glass funnel was attached, for pouring down the water. By lowering the tube the contents of the stomach flowed out.

Dr. A. Seibert also spoke of the mechanical treatment, saying that he began its use about two years and a half ago. In September he reported over five hundred cases in which he had washed out the stomachs of infants, and he had had over one hundred since. He had been called a short-sighted enthusiast in regard to this method, but he said he was willing to go through life with this name, when he remembered the good he had done many children. The more stomachs of infants which he washed the more enthusiastic did he feel. He laid emphasis on the necessity of first cleansing the stomach if one wished to obtain any good results from using sterilized milk. One of the greatest advances in infantile feeding which had been made for many years was the sterilization of milk, but it seemed to him absolutely irrational to take this precaution against fermentation, or the introduction of disease germs, when one failed to cleanse the stomach, which in these patients contained in large numbers the germs for which the milk had been sterilized. He believed that within ten years every physician throughout the world would irrigate the stomachs of children as they now irrigated the bladder for vesical disease. One objection which had been raised against washing the stomach was that the casein could not pass through the tube. To overcome this objection, one had only, on withdrawing the tube, to let a large quantity of water run into the stomach, when it would be immediately vomited, bringing up all lumps with it. In fact, that was the easiest way to induce vomiting when it was desirable. The second objection was that we did not wash away the tissue, which was the seat of the disease. But the same was true in irrigation of the bladder; we did not remove the diseased mucous membrane. We did not touch the microbes within the tissue in washing wounds, but removed only those on top, and clinically we know this did much good. In none of his cases had any harm whatever attended or followed irrigation of the stomach or bowel.—*Archives of Pediatrics.*

Motor Paralysis after Hypodermic Injection of Ether, Illustrated by Two Cases.

In both of these cases twenty minims of sulphuric ether were injected into the forearm of patients suffering from collapse; next day both cases suffered from paralysis of the muscles supplied by the interosseous nerve. In the first case the ether was injected subcutaneously; in the second, deeply; still, both were followed by the same accident. The treatment adopted was, first of all, massage. This was continued for a week, but was followed by no good result. Blisters were next applied, but produced no effect. Galvanism was now begun, one month after the paralysis occurred, the muscles being still paralyzed and atrophied. Local improvement set in in about a week, and after three

weeks of the application the hand and forearm had regained a considerable amount of power and strength. The treatment was still being applied, and the case still improving. The accident was probably due to the nerve being pierced, and to the action of ether on nerve tissue. The theory of its being due to bad ether could be dismissed in these cases. Dr. Wallace's conclusions were that deep injection of ether into the forearm was apt to cause the paralysis, and that hereafter he would inject it subcutaneously; that the prognosis was good, but recovery very slow, and that galvanism was better than faradism in effecting a cure. The accident was a very troublesome one, but, fortunately, of rare occurrence, and very few cases of it were found recorded.—*Dr. D. Wallace. Med. Press.*

Curtailment of the Scrotum for Sexual Disorders.

The author thinks that many forms of impotence, including spermatorrhœa, depend on a long and flaccid scrotum and other co-existing and consequent pathological conditions.

He cites an illustrative case as follows:

A man of twenty-eight had been reduced to a complete state of sexual hypochondriasis by this condition. His scrotum was long, flabby, and thin. He had masturbated most of his life. His only attempts to copulate were failures; neither was he able at the opportune moment to maintain an erection or effect intromission, yet there was a constant ejaculation of semen. He stated that for several years he suffered from an almost intolerable dragging weight in his testicles and along the cord, and a constant pain in his back. There was varicocele on the left side. He was sent to the hospital, where about three inches of his scrotum were removed, and soon after the operation he commenced to improve. The dragging weight was scarcely felt after he got up, and the mental hypochondriasis was no longer a burden to him.

The operation is performed as follows:

The anus, perineum, scrotum, penis, and inner aspect of the thigh must be energetically scrubbed in hot water with soap and a clean brush; then the operator's hands should be scrubbed, likewise his knife and the clamp. Then place a bandage around the patient's abdomen, another around his penis, and fix the ends of the latter to the former, in order to carry and hold the penis against the abdomen. This being properly done, apply the clamp, carefully engaging it immediately above the line at which it is proposed to amputate the scrotum. This point of selection should be high enough to form, when healed, a firm floor for the support of the testicles. A number of interrupted sutures are then secured, between the divided lips of the integument only, by means of a small straight needle armed with fine sterilized silk. The integument must be evenly united over the dartos in this way, in order that healing by first intention may be secured. This being completed, the dartos and integument are firmly stitched together with a small Hagedorn needle, and the catgut suture passed through each one of the eyelets in the instrument. The instrument must be left firmly adjusted until the two membranes are safely and completely united, for by disengaging the dartos from the jaws of the clamp before it has been firmly fixed to the skin, alarming and uncontrollable hemorrhage may result. In fact the clamp should be left *in situ* for several hours until exsiccation is well under way. The wound itself is dressed with cyanide of zinc and mercury rubbed in ordinary gauze; the penis is kept bandaged until the wound is healed.—*Dr. G. W. Broome. Weekly Med. Jour.*

Effects of Tobacco upon the Eye-sight.

In the commencement of amblyopia of smokers the disturbance of vision is a functional one—that is, the retina is blunted, the real sensibility being unimpaired; and is due to some irregularity of the circulation in the centers or nerves of vision. For at first the retina and disc are apparently normal, and because that a discontinuance of the tobacco improves the sight. But after persistence in the use of tobacco the condition of the eye soon becomes organic instead of functional, until complete blindness and optic atrophy take place. The distinguishing symptom of tobacco-blindness is a scotoma centrally placed, of oval outline, with its long axis placed horizontally, including the optic disc. Over this area perception of red and green disappears more and more completely, general perception following in the wake of the color-blindness. Vision will be found to be better in subdued light, and side objects are seen better than those in the center of the field of view. The approach of this disease is quite insidious, without pain or other symptoms; and both eyes are usually simultaneously affected Treatment is total abstinence from tobacco, general tonics and strychnia as an antidote.—*Dr. F. B. Tiffany. Denver Med. Times.*

A Case of Detachment of the Alveolus after Extraction of the Teeth.

A patient called at my office to have eight teeth extracted, with the roots of the first and second molars of the upper jaw. After extracting the two centrals, two laterals, and the canine of the right side, the alveolar process became detached and came down to the extent of half an inch. I used my excising forceps and cut through the alveolus in extracting the roots of the first and second molars to loosen them so as not to cause any more displacement than what already existed. After finishing the extraction of the teeth, I forced the alveolar process back into its normal position by firm pressure, and adjusted a piece of cork to fit the alveolus perfectly. The cork contained a number of holes, to allow of free drainage in case of any discharge, and I treated case antiseptically. The cork was held in place by means of a "roller bandage" closing the jaw. The patient received all nourishment by means of a glass tube. The antiseptic mouth-wash contained ten drops of carbolic acid to the fluid ounce of water. In three days the patient returned to my office and I removed all the dressings, finding everything doing very nicely. In about twelve weeks she returned, the process firmly healed, and I took an impression of her mouth, and made a full upper denture.

This is the first case that has come under my observation, but I have heard of other cases similar to mine.

While writing of this case for medical men, to whom an aceident of the sort would be more embarrassing than to one who makes a specialty of dentistry, I would like to add a word in regard to the importance of some knowledge of dental medicine to all physicians and especially to those who practice in the country. Many physicians are so situated that it is necessary for them to extract teeth comparatively often, and usually they have to perform this duty with an altogether insufficient preparation for it.

Numbers of teeth attempted to be extracted are fractured just through the inability of the physician to decide what kinds and forms of forceps to use.

I believe that all medical schools should devote time to a careful study of the teeth as well as to the other branches of medicine, and have demonstrations on patients in the clinic, so that students can see for themselves what forceps are used, and how they should be applied.—*C. H. M. Neall, M.D., D.D.S. Med. and Surg. Reporter.*

A Case of Eczema.

W. P., aged 23, light hair, sallow complexion, general health good. Began like a ringworm over left eye. Spread across the forehead and up to edge of hair, over right side of face and neck. The skin became much thickened and a transparent, sticky exudation was constantly oozing from the surface. There was some itching, but no pain, except slight stinging when wet by washing or sweating. When I saw first the case it was of three months standing. Patient had tried allopathic treatment. Various external applications and blood purifiers without benefit. I gave Graphites 3x every six hours for four days. No improvement. Gave Graphites 30x four days. Still no better. Gave Sepia 30x for a week. Disease continued to spread. Also tried Rhus and Sulphur without benefit. At this time I received a copy of Boericke & Dewey's book on the tissue remedies. After consulting it, gave Kali mur. 6x three times a day, for three days. Saw marked improvement. Gave Sac. lac. In two days patient came back worse than ever. Continued Kali mur.; in six days the cure was complete.—*Dr. W. E. Alumbaugh. California Homœopath.*

Acute Contagious Pemphigus.

Dr. Knud Faber reports a small epidemic of this trouble (*Monatshefte für praktische Dermatologie*) in a children's hospital, which he had an opportunity of observing and of studying. This analysis has led him to the conclusion that there exists a variety of pemphigus observed in children which is of a contagious nature. That it is local is proven by the fact that external measures, such as soap bath, produce a rapid cure. The contagious nature was demonstrated by the good results which followed isolation. A search for the germ resulted negatively. The staphylococcus pyogenes aureus, and albus were found in the contents of the bullæ, but are regarded as being accidental, as experimental inoculation failed to reproduce the disease, and in some cases caused abscesses. Some have contended that the bullous form of impetigo contagiosa is closely allied to this trouble, and that this in turn is a bullous form of trichophytosis.—*St. Louis Med. and Surg. Jour.*

The truth, as it relates to homœopathy, will be propagated much more rapidly by those who accept and love it, than by those who oppose and hate it.—*Dr. H. M. Paine.*

The Therapeutics of Hæmoglobin Compound.

The predigestion of foods has done much for the dietary of invalids and convalescents from acute disease or with anæmia and enfeebled digestion.

It must be admitted, however, that many cases require frequently in devitalizing diseases some efficient method of rapid nutrition, capable of ready absorption without taxing the digestive functions to combat the anæmia.

This is furnished most naturally by the circulating medium itself—blood containing the elements of nutrition in assimilable form—and a preparation of bullock's blood, entitled Hæmoglobin Compound, has been prepared, which seems to meet the indications admirably.

Experiments with this preparation have been in progress by its author, Dr. F. E. Stewart, for ten years past, and Hæmoglobin as now marketed by Parke, Davis & Co., is the result.

This preparation has many advantages as a nutrient stimulant, and samples of it and literature descriptive of its application will be furnished physicians on request.

Some years ago the French Academy of Science offered and awarded a prize of 40,000 francs — as a stimulus to investigation — for a certain and easy mode of detecting somatic death; the prize was awarded to a physician, who revealed the fact that the phenomenon known as "scarlet space between the fingers when held to the light" immediately ceases when life is absolutely extinct.

In the March number of the *London Medical Recorder* appears the following article, commendatory of a well-known American product:

"LISTERINE is an antiseptic and deodorizing preparation which has for many years been a favorite with American surgeons. Its qualities are due to the essential antiseptic constituents of thyme, eucalyptus, baptisia, gaultheria and mentha arvensis, in combination with which is associated a stated quantity of benzo-boracic acid. Experience points to its reliability in obtaining that condition of asepsis which is the ideal of every surgeon, and it has the distinct advantage of being fragrant and non-poisonous. Listerine is an agreeable and powerful antiseptic and deodorizer, well adapted for ordinary surgical work, available for internal administration, and useful for gargles, mouth-washes and lotions, for which purpose it may be employed without hesitation, seeing that no mishap can occur, even in unskilled hands."

The Treatment of Baldness.

The treatment recommended by Lassar, of Berlin, for alopecia pityrodes and alopecia areata has been attended with some brilliant results. According to Dr. Graetzer's article in the *Therapeutische Monatsschrift*, but few cases resist the treatment, and after a few applications the downy sprouts may be seen. The following procedure is to be repeated daily: 1. The scalp should be lathered well with a strong tar soap for ten minutes. 2. This lather is to be removed with lukewarm water, followed by colder water in abundance; then the scalp is to be dried. 3. A solution of bichloride of mercury, 1 to 900, the menstruum being equal parts of water, glycerine and cologne or alcohol, is to be rubbed on. 4. The scalp is then rubbed dry with a solution containing beta-naphthol, 1 part, and absolute alcohol, 200 parts. 5. The final step in the process is an anointing of the scalp with an unguent containing two parts of salicylic acid, three parts of tincture of benzoin, and 100 parts of neat's-foot oil. This treatment should be persisted in for a period of six weeks or longer. Lassar, who, by the way is the secretary-general to the International Congress of this year, has done much to awaken the profession from the lethargic state into which it had fallen in regard to the treatment of alopecia; he is reported to have treated a thousand cases in the manner described. The attitude of physicians toward this affection of the scalp has been one of inattention and indifference. When a young man comes under notice whose baldness is conspicuous his case has not uncommonly been the subject of some trivial remark ascribing the causation of the trouble to excesses *in Venere et Baccho*, or of the more sarcastic vulgarism bearing upon the affected person's "early piety." These supposed causes may be wide of the mark. The parasitic theory of the causation of hair-fall as advocated by Unna and Sehlen, has its support in those not infrequent cases where the trouble seems to be referable to the use of unclean utensils by the barber. In this class of cases Lassar's treatment will find its indications and successes more frequently than in that other, neurotic, class described by Michelson and Schütz as occurring in young persons who have a "nervous" history or have met with a traumatism affecting the head and brain.

"Hab yo' got any medicine dat will purify de blood?"

"Yes, we keep this sarsaparilla, at one dollar a bottle. It purifies the blood and clears the complexion."

"Well, boss, hasn't yo' got sumfin' fo' about fifty cents, jess fo' de blood? I don't keer about de complexion."—*Life*.

Letter from London.

19 Bedford Place, Russel Square, W. C.
London, June 15, 1890.

Dear Era:

After devoting a couple of weeks in New York to looking over the hospitals of the American metropolis, I sailed May 10th on the good ship "Umbria" for Liverpool. Coming directly to London from Liverpool I entered at once into clinical work—the chief object of my European visit. As men and countries impress various people differently, I trust that a few short letters from me may not be uninteresting to the readers of the Era.

Of the English physicians the first thing that impresses an American is their uniform courtesy to visitors and innate gentility. Educated Englishmen are uniformly polite and will go far out of their way to accommodate a stranger. Every pains is taken in the hospitals to show the American visitor all that there is to be seen and without money or fee, except the "national" tip to underlings and servants. The large indigent population in London has created a demand for hospital facilities only equaled by the generous provision made for the unfortunate sick and suffering.

Of the larger hospitals I will mention St. Bartholomews, Guys, St. Thomas and the London. These four institutions each contain nearly 700 beds, and the clinical material which gravitates to them is simply overwhelming. All are situated in localities where the poor abound, the London being in the notorious Whitechapel district. From an historical standpoint St. Bartholomews is probably the most interesting. It was founded in 1123 by Rahese, a favorite of Henry I. and refounded by Henry VIII. on the suppression of the monasteries in 1547. The medical school connected with the hospital has numbered among its teachers Harvey and Abernethy, marble statues of whom are now to be seen within the great hall. Guys, founded in 1721 by Guy, a bookseller, is not so old but, to an American, quite old enough. In the operating amphitheater is to be seen a magnificent life sized portrait of Sir Astley Cooper, the celebrated surgeon. St. Thomas has the most beautiful location of any hospital in London and is the most perfectly constructed. On the banks of the Thames at the foot of Westminster bridge and directly opposite of the Abbey and the Houses of Parliament, it commands both a charming view and plenty of fresh air. Nevertheless it is on the border of a large manufacturing and tenement district. Indeed, in almost any part of London one can throw a stone from the housetop of a "Lord" into an adjoining street inhabited only by paupers, prostitutes and criminals.

Besides the above mentioned hospitals there are many others, both large and small. Charing Cross, King's College, Middlesex, St. Marys, University and St. Peters each contain from 150 to 400 beds. Of the special hospitals, the free Samaritan for Women, the Soho Square for Women, the Chelsea Hospital for Women, the Cancer Hospital, the Hospital for Consumption and Diseases of the Chest, and the Great Northern are to be mentioned as important ones. There are many smaller ones and innumerable dispensaries, which space forbids enumerating.

It will at once be seen that the clinical material in London is almost inexhaustible. With a little tact and some enterprise one can see pretty much what he likes in a surgical way and as much as he likes. Devoting my time chiefly to operative work, particularly abdominal and gynæcological, I have had no trouble in seeing from one to three abdominal sections per day, as well as much general surgery. I have seen the best and most abdominal surgery at the Samaritan Free Hospital, the Chelsea Hospital and the Soho Square Hospital.

In comparing American surgery with English it is difficult to eliminate prejudice. There is much to be learned from the English surgeon. He is careful, cautious and, I believe as a general rule, conscientious. He is conservative in surgery as in everything else, and is slow to adopt new methods or to give up old. In short he works for *results* rather than for *eclat*. English conservatism, however, has kept English gynecology twenty-five years behind American. Methods obsolete and antiquated are yet resorted to and many operations which are being successfully performed every day in America, are looked upon with much suspicion. In plastic surgery America is far ahead of England and in general surgery I have not yet seen the same dexterity and deftness which characterize the work of many of our own men whose names I could mention.

I have purposely omitted a description of the Homœopathic hospital in this letter for the reason that in a future one I want to say something of Homœopathy in England, her institutions and her disciples. In my next letter I will describe as best I can the *personnel* of some of the men whose names are household words to the readers of the Era.

James C. Wood.

A. I. H.

FORTY-THIRD SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

Largely Increased Attendance.

DR. J. D. BUCK, ACTING-PRESIDENT.

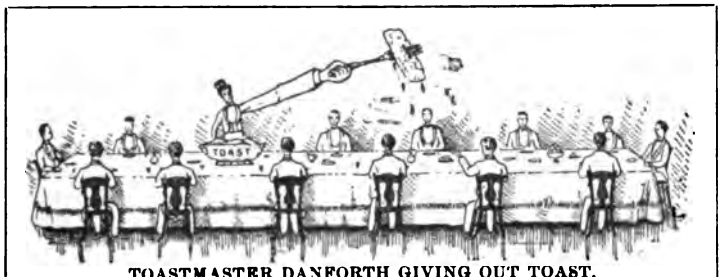
DR. T. Y. KINNE, PRESIDENT-ELECT.

Waukesha, Wisconsin, June 16-20, 1890.

THE AMERICAN INSTITUTE OF HOMŒOPATHY held its Forty-third Session, and celebrated its Forty-seventh Anniversary at Waukesha, Wisconsin, beginning Monday evening, June 16th, and continuing until Friday afternoon, June 20th.

Minnetonka has been outdone.

Not in her beautiful lake, or in her princely entertainment, but in numbers. At the Minnetonka meeting there were two hundred members in attendance. At Waukesha, there were two hundred and twenty-six.



TOASTMASTER DANFORTH GIVING OUT TOAST.

At Minnetonka one hundred and twenty-five new members joined; at Waukesha, one hundred were added to the Institute's membership.

The West presents its compliments to the East, and on a silver salver offers it an increased membership of two hundred and twenty-five for the two meetings held within a twelvemonth.

NEW OFFICERS.

Dr. T. Y. Kinne, of Paterson, N. J., the very efficient vice-president of the Minnetonka meeting, was elected to the presidency.

Dr. J. H. McClelland, of Pittsburg, Pa., is vice-president.

THE BANQUET.

The banquet: it was an unqualified success, and a notable feature of the meeting. In point of numbers, it surpassed any previous affair of the kind. Four hundred and thirty guests sat at table. Toast-master Danforth presided in a manner which fitted the occasion like the wheel of a watch. After an invocation by Rev. H. E. Nixon, and an address of welcome by Hon. D. H. Sumner, of Waukesha, which was responded to by Dr. J. H. McClelland, of Pittsburg, the Toast-master ordered the "feast" to begin.

The immense *salon* was crowded with tables, which were filled with people, one-half of whom were ladies. The clatter of dishes, the hum of conversation, and the sweet strains of the "Killarney Waltz" then filled the air.

In time the raps of the chairman's gavel called to order, and Toast-master Danforth arose and said —

"The spirit world around this world of sense,
Floats like an atmosphere;
And everywhere wafts through these earthly mists and vapors dense,
A vital breath of more ethereal air.

"The stranger at my fireside cannot see the forms I see;
He but perceives what is,
While unto me, all that hath been is visible and clear."

"In the spirit and sentiment of these lines," said the Toast-master, "let us fill our glasses and drink, standing, to the memory of Dr. Samuel Hahnemann, the founder of Homœopathy."

The vast audience rose, and in silence the living thus paid tribute to the cherished memory of the illustrious dead.

Dr. Danforth next called upon the President, Dr. J. D. Buck, of Cincinnati, who spoke to the sentiment of—

"The American Institute of Homœopathy."

President Buck said that, although the Institute is the oldest National medical organization in this country, it is not upon our age alone that we pride ourselves. A long time ago a famous wit and poet—whose genius is acknowledged in all lands—gave homœopathy but twenty years to live; this prophecy had long since passed into ancient history, for we have in the Institute those whose record of membership already marks the span of forty-seven years.

The American Institute is a delegated body: many of those who come represent colleges, dispensaries, hospitals, and the medical press, all of whom have in view but one object—a mission

of mercy and the care of the sick. The Institute is, also, a representative body: of the ten thousand homœopathic physicians in the United States, one in ten is enrolled in its membership. This is not enough, but, in the absence of more, it will do.

"No man," the speaker said, "should measure his success by his ledger-accounts, or by membership in organized bodies, but by the amount of knowledge that he adds to the common stock. Let it be small, but let it be sure. Be the result ever so trifling, the object is worthy any man's ambition. Keep this in mind—The measure of success is the measure of usefulness."

When President Buck had seated himself, amidst the applause that followed his inspiring words, the Toast-master called upon Dr. D. S. Smith, of Chicago, to respond to the sentiment of—

"The Senate of Seniors."

Dr. Smith gave many interesting reminiscences of early days, "before the hand of man had set foot" in this western country. He drew a contrast between the days of the past and those of the present, which was very interesting to all listeners.

"The Future of Homœopathy"

brought to his feet the President-elect, Dr. T. Y. Kinne, of New Jersey, who began by saying that his theme was too great for the time allotted. Words would falter on his tongue if he tried to express one-half of that which struggled for utterance. The twenty-four volumes of the Encyclopædia Britannica would not be sufficient for an index to the subject. He could hear the tread of thousands, destined to bear the banner of homœopathy. It is a trite maxim that the present is the source of the future, but it is also true that the future is the cause of the present. We live in the present in order that something better may develop. One whose vision is so circumscribed that he cannot see beyond the Now, is no more than the trilobite. We should labor, not for the reward of the present, but in order that the present may bear the fruit of the future. It is for this that we live; for this we must die.

After the conclusion of Dr. Kinne's eloquent speech, the Toast-master called upon Dr. H. M. Paine, of Albany, to respond to—

"Medical Legislation."

On rising he displayed a roll of paper most appalling in its size, and it made the audience shudder lest it was a long series of resolutions which he intended firing at the assembled multitude. But apprehension turned to laughter as soon as the first words were uttered, and Dr. Paine then kept his audience convulsed for many minutes. He made the humorous speech of the evening, and easily earned a reputation of which his cousin, Artemus, might well have been proud. His speech sparkled with wit and good-natured thrusts, which, for the most part, were made at his own expense. The few earnest words spoken before he concluded were none the less serious because set in lighter matter. A burst of laughter greeted Dr. Paine as he began by saying—

The subject of medical legislation seems to stick to me, however vigorously I may endeavor to throw it off. It goes with me where I go, and stays with me where I stay; in fact, it seems to me that in this matter, at least, I am "well established."

I am quite like the good deacon, who, at the end of an account of his experiences always concluded with the confident assurance that, "while he did not make much progress, he felt that he was *well established*."

I came to this meeting, Mr. Chairman, full of hope, zeal, enthusiasm and a remarkable degree of assurance in the conviction that somehow I had acquired a calling for an apostleship of medical legislation; but when I found the Institute going back on my big bundle of manuscript, and refusing to publish it, I began to feel that I had been left, and I recalled the sentiment uttered in the closing sentence of a prayer, offered at one of the meetings of our State Society, to the effect that the members might "all come to that never-ending home where joys never cease, and where *Pain's* are never known."

The worst of it all, Mr. Chairman, is that Dr. Terry held, and I think it very cruel of him, that I ought to make it a personal application to myself.

After my contest with the Institute this forenoon, I did not know definitely how I stood. My condition was much like that of the good methodist sister, who, in relating her experiences, stated that she *felt*, but didn't know how she felt; she thought, but didn't know what she thought; and she loved, but she didn't know whom she loved.

And my ideas are still somewhat mixed on the subject of medical legislation. I recall the instance of a gentleman who had been a liberal contributor to the funds of a certain college, having helped it to bridge over many financial difficulties. At one of the alumni dinners, this gentleman was invited to speak. He had always declined on previous occasions, but this time he was persuaded to get upon his feet, and he delivered himself in this wise:

"Gentlemen, you know I am not a college-bred man, and even now I cannot tell whether the *sycamore* class comes previously *before* or previously *after* the *refreshment* class."

I have been strongly *impressed*, Mr. Chairman, with the *impression*, that whatever else this Institute means to do, it is determined to *go slow* in the matter of medical legislation. Its action reminds me of a remark made by a mother to her daughter:

Said she, speaking of her girl's young man, "Mary Jane, I think George is very homely, in fact, so homely that I think he would *stop a clock*."

The daughter, desiring to defend her young man as best she could, replied: "I do not think he is so homely as to stop a clock, but I think he would make it *go slow*."

But, Mr. Chairman, I am expected to speak on the *security and perpetuity* of homœopathic truth, as related to medical legislation.

And in this connection, it seems to me, it is well for us to take not only a profile, but a full-faced view of this important subject. When I listen to remarks such as have been made at this meeting by those who are usually sound in their position, and reasonably logical in argument, hence, accurate in their conclusions; I am surprised that they do not accept evidence, which, to my mental vision, surely points in one direction, and one *only*.

One of the speakers, this forenoon, stated that truth is eternal, and that whatever obstacles were interposed, still it would overcome them all.

While this is a truism that cannot be gainsaid, still, it is well to consider that homœopathic truth, in all reasonable probability, will be propagated much more rapidly by those who accept and love it, than by those who oppose and hate it.

And that embodies just the distinction that we make between the influence over the perpetuation of homœopathic truth by the *single* and by the *separate* examining board systems.

Homœopathic truth is, in a measure, a delicate and tender plant; it requires favoring conditions; and under favoring conditions it will grow, become strong, and will be perpetuated. But, under opposing conditions, its progress will be stayed; its steps halting, and its recognition, even, obscured from view.

In this matter of *experience* (for it is an actuality, and not a myth, that we are to encounter) let us see to it that no false theories of expediency, no generalizations from a one-sided view of this important subject, shall lull us into inaction in the presence of imminent danger. Let us seek full information from every reliable source, and, having acquired this, act unitedly, intelligently and effectively.

I am not harboring a pessimistic outlook of our present bearings; but, sir, it seems to many who have no disposition to become alarmists, that unless we take up the work of releasing our school from the thraldom into which it is being plunged by allopathic shrewdness, we will find our progress handicapped by disturbing and dwarfing forces, the like of which our brethren in all other civilized countries, the world over, are now laboring under.

In conclusion, Mr. Chairman, I am reminded of a remark one gentleman made to his friend.

"What were you about to say?" asked he. "Oh! nothing," answered the man. "But you looked as if you had something to say," said the first speaker.

"Oh, yes," was the reply. "I am rather deceptive about that. I often think myself that I have something to say, until after I have said it, and then I find that I hadn't."

Dr. Paine seated himself amidst most uproarious laughter and applause, the one indicating the appreciation of his hearers for his good-humored acceptance of the situation, the other their sympathy with his efforts for the best interests of our school.

"Wisconsin."

Dr. O. W. Carlson, of Milwaukee, in responding, opened his remarks by reference to an innocent little American game, in which he indicated that he was familiar with the character of the winning hand. But no exception was taken to this, on the part of his hearers, for all appeared to have sufficient knowledge of the subject to appreciate the point of the joke. Dr. Carlson then spoke of Wisconsin, and the beauties of its lakes and rivers. He then touched upon the subject of its State Society, and all that it had done for our common cause. In conclusion he bid the American Institute welcome to the precincts of the Badger State.

"Homœopathy of the South."

Dr. W. H. Holcombe, of New Orleans, who responded to this sentiment, gave an interesting review of the history of our school in the South, and mentioned the time when he was its only representative in the vast territory of the old slaveholding States. But, in spite of the conservatism of the people, the shock of war, and much unfriendly legislation, its practitioners had increased to the number of four hundred, it had many local societies, several state societies, an Association bearing the same relation to the section that the Institute did to the entire country, and an ably edited journal, which represented the southern interests, and served to bind all together. The Old South is dying; the New South is rising; homœopathy is welcomed, and the universality of the law of *similia* would cause a blending of all that is good and true and beautiful, and the homœopathy of the South would become a most important part of that beneficent system which Hahnemann gave to bless the world.

"Homœopathy of the West."

Dr. J. S. Mitchell, of Chicago, in his usual incisive style, and in well-chosen words, began by reminding his hearers that, as in the march of empire, so, in the extension of homœopathy, its course is Westward. Gramm had landed on Atlantic's shores, but the West was destined to be the future stronghold of the system he so dearly loved. He then called the roll of the illustrious dead: Hempel, Temple, Small, Ober, Douglas, Cook, Beebe, Woodyatt — who should say they had not done their duty?

Time fails to speak of the Western homœopathy of to-day. This is not the West: the West is limitless. Not until the Institute has visited the great city of the Missouri, and has gone even unto the Golden Gate, would it have seen the West.

A battle waxes fiercest before it draws to a close. These are momentous times. In the struggle for equal rights the West will do well its part, and share the burden of the South, East and North.

"Homœopathy of the North."

Responded to by Dr. Ch. Gatchell.

"Homœopathy of the East."

Dr. E. M. Kellogg, of New York, gazed through his half-shut eyes, and smiled as he held up to view a roll of manuscript about as big as a barrel, with which he threatened to annihilate his audience. He said that for years he had preserved that speech, carefully written out, and always carried it with him, so as to be prepared for an emergency like the present. He believed in being prepared. He said it was a sort of an *index rerum*, a sketch-book, an encyclopædia, which contained all the best and brightest thoughts of his long and useful life. He said it was a good thing to carry along, when traveling. It was a sort of a body-guard: it prevented his ever being taken unawares, or, unprepared with an impromptu speech.

After this formidable introduction he read only a few extracts from his "book of travels," beginning with Boston, where, he said, in his wanderings over the face of the earth he came upon a savage named Dean Talbot. But the Dean's conversation was rather one-sided; he soon became so wearied hearing the twice-told tale of "our appropriation of $120,000," that he fled in a westerly direction, nor stopped until he hauled up at Albany. There he came upon another tribe, whose chief was named Resolution Paine, who was a dealer in medical lumber. At the time of his visit this R. P. was advertising for sale a large line of boards — chiefly examining-boards. Some of the boards were separate, and some were single. The dealer seemed to be especially anxious to get rid of the single boards. Not wanting any such truck himself, he hesitated a moment, when the dealer tried to force the sale by pulling out a big roll of paper, and beginning to read a long series of resolutions. He managed to make his escape by crawling under a pile of lumber, sneaking out the back end, and taking to the river, where he jumped aboard a boat which carried him to a place called Noo Yorick. There he met a man whom the natives called Owling, and he imitated their pronunciation until he met the party himself, who informed him that the only safety to his life lay in spelling it with a great big **D**. He also came upon a crank who had written a monogram on "How to Extract Dues." The book had had very large sales, and the entire receipts, since the publication of the first edition, amounted to $85,000. He then crossed to the Jersey shore, and there found a stocky-built savage named Kinne, a celebrated medicine-man, who made a voyage to the far West in the summer of '90, and was there made chief of a tribe of Omœottomie Indians, in the vale of Waukesha, which is in the land of Winding Waters.

"The American Medical Man."

Dr. Julia Holmes Smith, of Chicago, in a neat and graceful speech, as the distinguished representative of her sex, reflected great honor upon her sister physicians. She began by saying that, as the sentiment was originally proposed, it read, "Medical Gentlemen," and she would, therefore, speak of the *gentlemen*, rather than of the *men*.

This sentiment met with ready applause.

Her mind went back to the time when doctors were slaves, and simply obeyed the orders of their owners. As time went on, they gained a place at the board, but always sat below the salt. Gradually they mounted in the social scale, until now the medical gentleman is peer of the peer of the realm, and, abroad, has bestowed upon him a knighthood which here is his by right. The chivalry of the past is the spirit of the present. We are here by your chivalry; we are here your debtors; we are here because you are gentlemen. You had the courage of your convictions. You knew that women would learn—they would get knowledge, even if they had to steal it. The younger members of the profession also show a like chivalrous spirit, because they have learned the lesson from *gentlemen*.

"The Lady Doctor."

Dr. R. Ludlam, of Chicago, who responded to this toast, said that he did not like the phrasing of his subject; he preferred the less effeminate designation of *woman*—not *lady*. This was the only proper expression to use.

As Dr. Ludlam made this point the applause which greeted it was as quick as that which, a few minutes before, had been bestowed upon the essentially opposite sentiment, as expressed by preceding speaker, in substituting *gentleman* for *man*. Moreover, those who applauded the one applauded the other; even including the principals themselves. To be clever is well, but to be consistent is better.

Dr. Ludlam continued by saying that he did not know why he was called upon to speak to the subject, unless it was because he had had something to do with the admission of women into the Institute. He would cite a few facts connected with the meeting in Boston, when Dr. Mercy B. Jackson knocked at the door, upon which occasion he had delivered a "so-called-oration" on "Women and Homœopathy," which, he trusted, had had something to do with opening the door at which Dr. Jackson had knocked. Wm. Lloyd Garrison, who later sat next him at table, said that he had never before listened to an effort which had so pleased all that both parties said it was addressed to them.

Women, he knew, from personal observation and experience, were capable of filling any position requiring intelligence, skill, or courage. He had often had occasion to see them put to the test. In his more than a hundred ovariotomies he had been assisted by an eminent member of the sex, there present, and he felt at perfect ease, knowing that every detail would be properly attended to, that his instruments would be clean, that they would be laid out in such a manner that each one would be at hand when wanted. He felt confidence, as well, that no unforeseen accident could happen that would not be promptly and carefully met, for he had long since learned that woman was equal to every emergency.

After the "flow of soul," the company made their way to the parlors, where dancing became the order of the night.

This ended the day of festivities.

UNIVERSITY OF MICHIGAN.

Graduating Exercises of the Homœopathic Medical College.

At Ann Arbor there are common commencement exercises for the graduates of all departments. In accordance with this custom — a very impressive one, indeed — the members of the fourteenth class to go out from the Homœopathic Medical College of the University of Michigan received their diplomas, June 26, 1890, along with the "Lits," the "Laws," the "Pharmics," "Dents," and half-a-dozen others.

On this day, five hundred and forty-five graduates went out from the halls of the University of Michigan — the largest number that ever graduated from any institution in America.

At ten in the morning the classes all formed in front of the Law building, and the procession, headed by President Angell and Hon. Andrew D. White, the orator of the day. Then followed the Board of Regents, the University Senate, and the candidates for degrees.

When all had entered, the large hall of the University was crowded with three thousand people. After prayer and music, Andrew D. White delivered the oration on "Evolution and Revolution."

Again there was music, and then the conferring of degrees by the President. It required

an hour and a half to deliver the five hundred and forty-five diplomas.

Twenty-two of the diplomas were carried off by the graduates of the Homœopathic College, upon whom the President bestowed the degree of Doctor of Medicine. These are the names of the new Doctors:

James C. Avery,	Alfred B. Jordan,
Leigh Y. Baker,	Alice Keefer,
William C. Brownell,	Frances J. Miner,
Ernest A. Clark,	Mary A. Morley,
Anna C. Clarke,	Andrew B. Nelles,
Eva A. Cunningham,	Grant S. Peck,
Mary Denison,	Paul A. Perrenoud,
Francis C. Ford, A.B.,	Everett J. Phelps,
Harvey E. Hoffman,	Lewis F. Rice,
Leslie A. Howe,	Fred C. Sanford,
Amelia Johnston,	Harriet A. Spinney.

After the close of the exercises all adjourned to the Law building, where the Commencement Banquet was served, followed by speeches from President Angell, Justice R. A. Harlan, of the Supreme Court, Ex-Governor Blair, of Michigan, and Andrew D. White, of New York.

Illinois Homœopathic Medical Association.

In the published proceedings of this Association, the name of the second vice-president was incorrectly announced. While Dr. Orr is in every way worthy of the honor, yet the distinction belongs to Dr. Lucy Waite, of 5306 Jefferson Avenue, Chicago.

Remarkable Fecundity.—The *Dietetic Gazette* reports a case from Dr. J. De Leon, of Ingersoll, Texas, of quadruplets, all of the children being alive at the present time, five weeks since birth. Dr. De Leon says: "In the country, and 'backwoods' at that, it was impossible to procure a 'wet nurse,' so with the little help we could control, and feeding the babies on 'Reed & Carnrick's Infant Food,' they thrived well. From using all the foods on the market I long since found that the above food possessed some qualities that I failed to find in the others."

The ever progressive house of Parke, Davis & Co. is largely increasing its facilities for the manufacture of pharmaceuticals. Buildings now in process of erection will double their capacity for production this year, and a new laboratory, very complete in its appointments, is now being built for them in Canada.

BOOK REVIEWS.

Cyclopædia of the Diseases of Children, Medical and Surgical. The Articles Written Especially for the Work by American, British, and Canadian Authors. Edited by John M. Keating. Vol. III. Illustrated. Philadelphia: J. B. Lippincott Company. 1890.

The third volume of Keating's Cyclopædia is devoted to "Diseases of the Digestive System; of the Genito-Urinary Organs; of the Blood; Surgery; Diseases of the Osseous System, and of the Joints." To enumerate the authors would be to name many of the most eminent writers and teachers in this country and England.

The three volumes of this set may be taken as the best and most complete work on the diseases of children offered by an American publisher. It is carefully prepared by specialists of ability, and the articles give the physician the benefit of the latest developments in medical science relating to the special subjects.

The firm of J. B. Lippincott & Company has produced the work in the best style of the art.

Volume twelve of *Alden's Manifold Cyclopedia* deserves all the strong commendations which have been bestowed upon previous volumes. It is published in handy form, which is remarkably convenient. This is no small matter, as all who have had occasion to consult the unwieldy volumes in which cyclopedias usually appear can testify. The editorial work is characterized by the same thoroughness and fidelity as that of previous issues. It seems almost incredible that such a work can be sold for 75 cents a volume in cloth, or $1.00 in half morocco, but such is the case. Specimen pages sent free; sold on easy installments, if desired. John B. Alden, Publisher, New York, Chicago and Atlanta.

Sanitarium.—Dr. O. S. Runnels, of Indianapolis, has bought a fine and commodious house, which he has fitted up as a Sanitarium, exclusively for the treatment of the diseases of women. The institution has had almost every room occupied since it was opened, and under Dr. Runnels' skilful care, much good work is being done.

THE MEDICAL ERA

COMBINED WITH

THE MEDICAL COUNSELOR.

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Articles contributed to this journal are accepted on the condition that it shall enjoy the exclusive right to their first publication.

Requests for copies "not received" must be made within 30 days of date of publication.

THE MEDICAL ERA receives *no subscriptions* through pharmacies, "agencies," or other journals. *No exception to this rule will be made.*

PERSONALS.

DR. N. W. ABELL has moved from Blunt, S. Dakota, to Simans, Cook Co., Ill.

THE physician who sent a paper to the ERA entitled "Alimentary," will please communicate with this office.

DR. GEO. A. HALL, who has gone through a severe illness, is convalescent, and will soon be engaged in active duty again.

DR. J. S. MITCHELL delivered the annual address, June 5, at the meeting of the Nebraska State Homœopathic Medical Society, at Omaha.

DR. R. A. HARLAN, formerly of Warsaw, Ill., has moved to this city, and gone into partnership with Dr. J. E. Gilman, 455 Washington Boulevard.

DR. T. M. STRONG, formerly Medical Superintendent of Ward's Island Homœopathic Hospital, has located at 720 Mulberry street, Macon, Ga. He gives special attention to diseases of the throat and chest.

THE Lincoln Park Sanitarium, a magnificent five-story structure near the lake shore, containing one hundred rooms, is now complete. Its appointments have been made with great care, and in it Dr. Pratt will continue his practice of Orificial Surgery with greatly increased facilities.

I HAVE an established practice in the tobacco-growing district of Kentucky, that pays me $2000 per year, that I will give up to some wide-awake Homœopathic physician; married man preferred. Address O. C. REES, M.D., Owenton, Ky.

ERRATUM.—In the June ERA, page 185, third line down from the top, for *cholera* read *chorea*.

Through Vestibuled and Colonist Sleepers Between Chicago and Tacoma, Wash., and Portland, Ore.

The Wisconsin Central and Northern Pacific lines run through Pullman Vestibuled and Colonist Sleepers between Chicago and Tacoma, Wash., and Portland, Oregon. The train known as the "Pacific Express" leaves the Grand Central Passenger Station, at the corner of Fifth Avenue and Harrison Street, at 10:45 p. m. daily. For tickets, berths in Pullman or Colonist Sleepers, etc., apply to Geo. K. Thompson, City Passenger and Ticket Agent, 205 Clark Street, or to F. J. Eddy, Depot Ticket Agent, Grand Central Passenger Station, corner Fifth Avenue and Harrison Street, Chicago, Ill.

The Chicago, Milwaukee & St. Paul Railway

A CHOICE LIST OF SUMMER RESORTS.

In the lake regions of Wisconsin, Minnesota, Iowa and the two Dakotas, there are hundreds of charming localities pre-eminently fitted for summer homes. Among the following selected list are names familiar to many of our readers as the perfection of northern summer resorts. Nearly all of the Wisconsin points of interest are within a short distance from Chicago or Milwaukee, and none of them are so far away from the "busy marts of civilization" that they cannot be reached in a few hours of travel, by frequent trains, over the finest road in the northwest--the Chicago, Milwaukee & St. Paul Railway:

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THEY SAY

That one hundred new members joined.

That many forms of bacteria may exist in ice.

That the doctor enters when the sun is shut out.

That flesh is the greatest obstacle to diagnosis.

That the coroner must decide when doctors disagree.

That science is "trained and organized commonsense."

That you should learn to labor and to wait no longer.

That neuralgia is a prayer of the nerves for better blood.

That it is a good thing to know thyself, but don't tell anybody.

That in applying the binder you should pin from above downward.

That an Esquimau will eat thirty pounds of meat and fat at a meal.

That there were two hundred and twenty-six members in attendance.

That you should *always* eat a hearty supper before attending a banquet.

That the waiters were the autocrats, and the guests were the "waiters."

That a rat breathes 210 times per minute, and the hippopotamus but once.

That when a woman has an hour-glass waist, her sands of life soon run out.

That every pound of ivory brought from Africa has cost the life of a human being.

That tobacco-pipes were invented, two hundred years ago, by a Viennese physician.

That we wonder what has become of his hemorrhagic lordship, "Jack the Ripper."

That there is to be, in 1896, a centennial celebration of the discovery of vaccination.

That the Mississippi river must again be very low, for it is said to be confined to its bed.

That it is expected that at the next meeting two hundred new members will join the Institute.

That you should make Satan get behind you, but keep a weather eye on him just the same.

That dilute sweet spirits of nitre is an efficient remedy in poisoning from the rhus toxicodendron.

That persistent prolapsus of the rectum in children is sometimes caused by stone in the bladder.

That the two western meetings added two hundred and twenty-five to the membership of the Institute.

That there is a doctor in Wisconsin whose name is Semicolon, and it is noticed that he never comes to a full stop.

That there is no law against your putting your riches in trusts, but you are prohibited to put your trust in riches.

That tea is very active in preventing the salivary secretion, and, hence, should not be taken with the food, but afterward.

That a man down town who asked the dealer to tell him what is ice now, was informed that same as usual, it's frozen water.

That white skin transplanted to a negro eventually becomes pigmented, and black skin transplanted to a white person becomes white.

That two London churches have been closed by the authorities on account of the noxious emanations from the bodies in vaults beneath them.

That a professor in Heidelberg predicts that the time will come when wood may be converted into a palatable, digestible and nutritious food.

That it is eminently fitting that the Institute, for the World's-Convention year, should have elected a president who resides in a foreign country, opposite New York City.

That in hibernation the respiratory movements of the animal cease entirely, the slight exchange of gases in the lungs being sustained by the cardio-pneumatic movement.

That in the new annunciator for hotel bedrooms, the call for "Doctor" is put between "Laundry" and "Boots"; we protest against this malignant attempt to lower the rank of the profession.

That a "regular" doctor, in a New York medical meeting, seriously advocated aseptic laparotomy and removal of the vermiform appendix at an early date after birth, on account of the frequency of serious inflammation in this superfluous bit of anatomy.

THE MEDICAL ERA

COMBINED WITH THE MEDICAL COUNSELOR. DEVOTED TO HOMŒOPATHY AND THE ALLIED SCIENCES

VOL. VIII. CHICAGO, AUGUST, 1890. No. 8.

EDITORS:
CH. GATCHELL, M.D.,
D. A. MCLACHLAN, M.D.

MATTERS MEDICAL IN MICHIGAN.

The bigots are not all dead yet.

When a man of supposed intelligence makes so many false statements regarding what he considers to be a heterodox system of medicine, as were made regarding homœopathy by DR. GEO. E. FROTHINGHAM in his address as president of the Michigan State Medical Society, at its recent meeting at Grand Rapids, the above remark but mildly expresses the truth.

The address referred to, as it deals with the question of homœopathy, is one-sided, narrow, bigoted, and abounding in error.

The title of the address is—

"The Need of Extensive Organization and the Pursuit of a fixed Policy as a Means of Promoting *our* Professional Interests."

It is not hard to read between the lines. The single word "our," which we have italicized, tells the whole story. The object is to promote, not the interests of humanity, not the welfare of the people, not the science of medicine in general, but "*our* professional interests."

We all know what this means. It means a renewed attempt on the part of the old school to obtain a monopoly of the control of matters medical in Michigan, and, if possible, to destroy all "sects" that do not worship the god of Physic as erected by the "regulars."

But this cannot be done.

The address is replete with errors and misstatements. The speaker represented that homœopaths believe in the medicinal virtue of preparations of —

—— such substances as aqua pura, ice, tears of a broken-hearted girl, pus, fæcal matter, discharges from old ulcers, cancer-debris, syphilitic discharges, and the like.

It is scarcely worth while to stop to deny such absurd statements as this. For our part, it causes greater contempt for the dense ignorance of the man who repeats such nonsense, than indignation at being so foully misrepresented. DR. FROTHINGHAM should know, if he does not, that the mare's-nest that he has discovered has no more to do with homœopathy than it has to do with his own method of practice. As well may a homœopath charge it up to the account of the so-called "regulars," as for the reverse to be done. It belongs as much to the one as to the other. Indeed, there is greater reason for giving the "regulars" credit for it, since it is only in line with the Bergeon rectal gas-injection treatment — which was seriously tried by the entire old school — and with BROWN-SEQUARD'S celebrated crushed-testicle old-man rejuvenator. Also, we may mention a preparation made from Russian cockroaches, which attracted the attention of the "regulars" some years ago, and the "burnt hair of a cow's tail" as a cholera-remedy, which was commented on (unfavorably) in an early edition of FLINT'S "Practice of Medicine."

But there is this difference: The "stuff" which is laid at the homœopathic door, is always the product of the erratic genius of some obscure crank — like SAMUEL SWAN — whereas the allopathic trash is originated and endorsed by the leading lights in their profession, like the celebrated BROWN-SEQUARD, or the famous WILLIAM A. HAMMOND.

Sam. Swan is our Bergeon: but when Swan offers any of his drastic nonsense, we homœopaths all smile, and wonder what the freebooter will conjure up next. When a Bergeon tenders his "new discovery" to a waiting profession, the "regulars," in their therapeutic poverty, grasp at it with such avidity that the instrument-makers cannot keep pace with the demand.

This part of Dr. Frothingham's address is worthy of no more serious attention than we have given it. Dr. Frothingham is behind the times. He has just waked up. Such silly charges as he has preferred were common stock forty years ago, and were long since exploded. Occasionally a Bourbon wakes up, rubs his eyes, clears his throat, and reiterates them. And this will be repeated until all the Bourbons are dead.

But other parts of the address call for more serious attention. The speaker is reported* as having said:

> We are pledged to exert ourselves to suppress quacks, and this is a large field for us to work in, with the legislature. . . . . We must be an organized force, we must combine in the interests of the regular school, and we should have a fixed policy in electing legislators who will be our friends and the friends of scientific medicine. We have failed in the past by lack of concerted action, and in the future we must stand as one man against quackery.

These expressions occur in the newspaper report. Although they may be somewhat modified in the authorized publication, yet they are sufficiently significant. Dr. Frothingham does not say as much, but we may infer that *homœopathy* is not included in the "scientific medicine" whose legislative friends he proposes to rally.

The gauntlet has been thrown down, and the homœopaths of Michigan must take it up. They must "combine;" they must adopt a "fixed policy;" they must "stand together as one man," against any attempt to encroach upon their civil rights, or any legislative action which will in any way discriminate against the interests of their school. Dr. Frothingham acknowledges, on behalf of his school, that they have "failed in the past" [to obtain restrictive legislation, we presume], and we confidently predict that they will fail again. What he seeks he cannot accomplish. Every homœopathic physician in Michigan will be ready to see to it that there is no legislative action in which they have not a full share. If the proposition is to have a state examining board, there must be a *separate* board for the homœopaths; no bill providing for minority representation should be considered. The homœopaths must stand for equal rights, or accept nothing.

Among other things, Dr. Frothingham charged that the homœopaths of Michigan had always opposed every effort on the part of the old school to bring about reforms, or improvement in the standing of the medical profession in the state. This is untrue. They have simply opposed legislation which would place the "regulation of the practice of medicine" exclusively in the hands of the "regulars." On the contrary, the homœopathic school has always led the old school in matters of medical reform. At the recent meeting of the American Medical Association, at Nashville, a move was made on the part of the so-called "regulars" to demand that their colleges shall not grant a degree except after an attendance of three years. The American Institute of Homœopathy anticipated the "regulars" in this by three years. Three years ago the Institute took such action, and the rule has already gone into effect.

The claim made by Dr. Frothingham is without any foundation whatever. In matters of medical reform, we easily lead.

The action contemplated by the old school is indicated by the following resolution, which was unanimously adopted:

> Your committee respectfully recommend the appointment at this meeting, of a committee of nine members, whose duty it shall be to use all honorable means to secure the enactment by the coming legislature, of a bill to regulate the practice of medicine in Michigan, one main provision of such bill being the establishment of an independent board of examiners, before whom all candidates for admission to practice in this state shall be required to appear for examination and approval.

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*Dr. Frothingham has since stated that the newspaper report of his address was not correct. But as we have been informed by our Grand Rapids correspondent that the "half has not been told," we feel sure that we are doing him no injustice. Necessary corrections, however, will be cheerfully made.

The proposition involved in this resolution is unjust and unfair. The intention is, it is fair to presume, that this board shall be composed exclusively of so-called "regulars." We have a right to take this much for granted.

Hence, to compel a homœopathic physician — be he a graduate of a homœopathic college in Michigan, or in any other state — to appear before a board thus constituted, for "examination and approval," would be an encroachment upon civil rights such as no self-respecting man should submit to. If boards of the kind are to be constituted, then the homœopaths must demand their own separate board, and the right to "examine and approve" the physicians of their own school. We are not contending for the establishment of such boards; our claim is that if such boards are to be established, then there must be a separate board in the interests of homœopathic physicians and the homœopathic school.

For this the homœopathic profession of Michigan must stand as one man. And they are bound to succeed, as they always have succeeded in the past.

ROOM FOR MORE.

There are too many physicians of the wrong kind in this country.

With a population of sixty million people, the United States has one hundred thousand physicians. About ten thousand of these are homœopathic physicians; the rest are, for the most part, allopaths. The proportion could be reversed, with great benefit to the people. There is need of more homœopathic physicians. There is not a well educated student who graduates from any one of our thirteen colleges who does not find that, somewhere, there is a community awaiting his coming, because the people want a *homœopathic* physician. As yet, the supply does not equal the demand.

But there are enough poor ones. The young man who enters the profession because he has failed in everything else that he has undertaken, will find no room. Of well educated, skilful and capable homœopathic physicians there will not be enough until their numbers equal those of the old school.

And then there will be room for more.

ORIGINAL ARTICLES.

ADDRESS IN SURGERY.

By CHAS. M. THOMAS, M.D.,
PHILADELPHIA, PA.

[Read before the American Institute of Homœopathy, Waukesha, Wisconsin, June 16-20, 1890.]

THE past year has not been signalized by any especially brilliant achievement in operative surgery, or startling discovery in therapeutics. The amount of valuable work done in the various departments has, however, been simply enormous, and as even an imperfect review of the more important and interesting observations and developments of the year can hardly be condensed within the time allotted for this address, I shall not detain the society by any lengthy introduction.

The question of *wound treatment* has been, as usual, much under discussion, and the great mass of the profession seems to have accepted the idea that the chief danger to wounds lies in the introduction of putrefactive microörganisms to their surfaces, and that therefore, in their management, the prime object must be to destroy, or at least to inhibit the growth of these bodies.

In brief, the year's experience has seemed only to strengthen the general faith in antiseptic surgery. Indeed, its practice may be said to have had almost no opposition, at least so far as open demonstration against it is concerned. The most notable exceptions to this are found in the writings of Lawson Tait and Mr. Bantock, of England, and the homœopathist, Dr. Jas. Bell, of Boston.

The two papers by Bell, "Listerism," and "Three Months' Work in Aseptic Surgery," offer most interesting, forcible and practical arguments against antiseptic surgery.

The second paper presents a considerable number of cases, many of capital operations, in which, without the use of germicides, the results were most excellent.

It is certainly a singular and pertinent fact that in numerous hospitals over the world, the anti- and aseptic methods are carried out side by side by equally eminent and skilful men, with little or no apparent difference in the practical results. Thus, at King's College Hospital, London, the colleagues of Sir Joseph Lister himself have found no sufficient reason for adopting his germicidal methods, and on the other hand the marvelous results of Mr. Lawson Tait, with his purely aseptic means, fail to convince his senior associate in the same building that germicidal surgery is not a necessity.

That in the antiseptic system, in spite of the "perfect results," there is still much left to be desired, is evidenced by the fact that, during the year, although the corrosive mercury still seems to be the most effective and generally used material, other germicidal agents have been multiplied almost without number. Among these may be mentioned mercuric biniodide with iodide of potash, sulphate of aluminum, sodium, silicofluoride, beta-naphthol, sozoiodol, and finally various essences, as canella, guaicol, copaiva, terebene, and turpentine.

Even the effectiveness of bichloride itself is doubted by some, on account of its irritating properties and instability under certain conditions; to overcome which latter defect, the addition of sodium chloride and tartaric acid has been recommended. To lessen the risk of poisoning from bichloride, a combination of sulphate of copper has been advised.

For cleansing wounds, absorbent tampons of gauze and cotton are fast supplanting sponges, and in fact the latter may now be said to have a comparatively limited use in general surgery.

The use of carbolic acid in the instrument bath has been abandoned by many operators, since it has been shown that its germicidal action in the ordinary strength of 1-20 cannot be depended on under a less than 24 hours' immersion.

In the matter of ligature material but little change is noticeable, although there seems to be a growing distrust in the safety of catgut, however prepared, owing to the difficulty in thoroughly sterilizing it.

Many operators now prefer to trust to well boiled silk for tying vessels, and Meyer, Trendelenburg and others, strongly advocate hemp or linen thread which has been steeped for a number of hours in 1 pr. c. sublimate solution and kept in 1 to 1000 preparation of the same.

In November last Sir Joseph Lister announced the use by him for the past year of a new dressing material which he claimed was the most satisfactory with which he had hitherto met. It consists of gauze impregnated with a so-called double cyanide of zinc and mercury. The advantages claimed for the material are that the germicide is more stable than mercuric bichloride, or even the sal alembroth, and not so irritating to the wound surfaces. The dressing has attracted much attention, but there have appeared few reports of its use by others, so that a general verdict for or against its value cannot be said to have yet been made.

In place of cotton as an absorbing agent in dressing, a material known as wood-wool is fast growing in favor, on account particularly of its great absorptive power.

Perhaps the most radical deviation from the generally accepted methods in wound treatment consists in the proposition of Landerer and Boeckel, to do away entirely with irrigation and drainage; the advantages claimed being a lessening in the risk of chilling or wetting of the patient, less hemorrhage, no danger from absorption of the antiseptic used, a diminution of time of operation, and safer and more rapid healing. In carrying out an operation by this method, the cleansing and other preliminary preparations are made as usual, but after the first cut, the wound surface is mopped with dry sublimated gauze and packed with the same. The larger vessels are tied, the smaller controlled by the pressure of the gauze, so that on completion of the operation, the wound surfaces are dry. The wound in its full depth is closed with buried sutures, in several tiers if necessary, and drainage entirely dispensed with.

Both *ether* and *chloroform* have during the past year, claimed their usual complement of victims.

About a dozen deaths from chloroform are reported, and three from the effects of ether.

According to a recent statement of Turnbull, it would appear that the fatality of chloroform is less marked when given in a dry, warm atmosphere.

It is said that 50,000 cases have been chloroformed in India without a death.

As a means of resuscitation in impending death from anæsthesia, artificial respiration, in the Nelaton position, combined with stimulation, still holds first rank.

The use of electricity seems to be rapidly losing favor and is of doubtful utility. Cold, in the form of ether spray to the epigastrium and nape of the neck, has been extolled by Iorne.

The part which the epiglottis plays in interfering with attempts at artificial respiration, has been much discussed in this country and England. Benj. Howard, of London, claims that a very common cause of death lies in this valve-like action of the epiglottis, and that traction on the tongue, however forcible, cannot raise it. This, he claims, can only be accomplished by forcible extension of the head and neck upward and backward. Martin and Hare, of Philadelphia, while granting that the falling of the epiglottis may interfere with respiration, it is not a constant factor, and that it, and the base of the

tongue, are best raised by pushing forward the lower jaw from behind and moderately extending the head, combined at times with traction on the dorsum of the tongue.

One of the most interesting and important occurrences of the year has been the Indian investigations on the action of chloroform on the lower animals. In 1888, a commission was appointed by the Nizam of India to examine into the alleged dangers of chloroform. As the result of a long series of experiments by this body, the conclusion was reached that "Chloroform may be given to dogs by inhalation with perfect safety, and without any fear of accidental death, if only the respiration and nothing but the respiration is carefully attended to throughout." This report excited numerous strong adverse criticisms, particularly on the part of the *London Lancet*, which resulted in the establishment of a second commission by the Nizam, the work of which was done at Hyderabad, during the past winter, with Lauder Brunton, the *Lancet's* representative, as chairman.

The report of this commission was the same in character as that of the first, again indicating that the fatal action of chloroform showed itself always first in respiratory paralysis, the effect upon the heart appearing perceptibly later. The conclusions of these commissions have been, particularly in America, strongly combatted, as contrary to the results of both experiments and practice with the majority of American surgeons, who have long claimed that in a considerable proportion of cases, if not in all, the fatal effect of chloroform is undoubtedly due to paralytic arrest of the heart's action. Whether their conclusions be accepted or not, their work has been a most valuable one, if only in emphasizing as it does the point that chloroform should always be given slowly, and freely mixed with air, and that violent struggling, excitement or any influence that may tend to interfere with free, regular respiration, adds materially to the risks, and further, that no operation should be commenced till full anæsthesia is established.

An annoying peculiarity in the behavior of chloroform has recently been noted by several observers. Iterson, Fischer and Helmuth have called attention to the fact that at times when chloroform is used in a closed room when illuminating gas is burning, a dense vapor has formed, which is exceedingly irritating to the air-passages, so much so as to have in one case necessitated the discontinuance of the operation. In the practice of the writer during the past winter, this phenomenon occurred, and so serious in character as greatly to interfere with the continuance of an abdominal section. The vapor, it is claimed, is the result of the elimination by the gas flame of chlorine, and compounds from the chloroform, united.

The field of application of general anæsthetics has been recently decidedly encroached upon by the local anæsthetic cocaine; amputations, removal of tumors of considerable size, perineal section, lithotrity, lithotomy have been done with perfect satisfaction under the influence of this agent, and unless further investigation demonstrates a greater risk to life from its use than at present appears, it should certainly be employed with increasing frequency.

A few writers have gone so far as to claim that in moderate dosage the drug is perfectly harmless, and that the threatening symptoms reported by others from its use, are ascribable to high nervous excitement with fright, and not to any toxic action.

Delbosc, of Paris, in a recent report on the use of cocaine, has, however, published five deaths, but in all the dosage was enormous.

He believes a 2 pr. c. solution is always safe, and in his hands has been quite effective, even in such important operations as castration, herniotomy and gastrotomy. The hypodermic needle used should be passed no deeper than the true skin.

As antidotes or restoratives, the inhalation of amyl nitrite and injections of ether are recommended, and for puerperal convulsions, the inhalation of chloroform.

Surgical Diseases.

In surgical diseases there has been a considerable amount of original investigation, though no very important deductions have followed them.

In regard to the prevalence of *Cancer*, Sir Spencer Wells shows that it is certainly on the increase in Great Britain and Ireland.

In 1861 there were 360 deaths from cancer among each million inhabitants, while in 1887 there were 606. Burke shows that in 10 years in New York, (to 1885) the death rate has increased from 400 to 530 in the million. Heidenhein, of Berlin, in an elaborate paper on carcinoma of the breast, calls attention to the fact that when ordinary palpation shows but a single nodule of cancer, the microscope will demonstrate the breast completely filled with cancer cells, and further states that, particularly in fat women,

owing to the thinness and closeness of the pectoral fascia, it is a most difficult matter to entirely remove the gland; and again, that a muscle affected with cancer is almost invariably found diseased through its whole structure, and should be removed when possible, in its entire extent.

These points, though not new, certainly offer strong arguments in favor of the very free and radical operative methods so persistently urged upon surgeons by the late Dr. Samuel Gross.

No little interest has been excited in the treatment of carcinoma without operation, through the writings of Dr. J. S. Mitchell, who, claiming an experience of three years in the method, advocates strongly the use of Arsenic both internally and in the form of the 1½x to 2x trituration to the ulcer, locally. As a disinfectant, carbolized oil is used and occasionally, in addition, the Hoang-nan and Chloride of chromium are given internally.

With regard to *Rabies*, the position of Pasteur remains unchanged. While many enthusiastically advocate his views, others oppose them. Upon the whole, however, the attitude of the profession toward the treatment appears to be a more favorable one.

As a matter of homœopathic interest at least, it may be noted that a French writer claims that the essence of Tansy injected into the veins, induces a condition similar to hydrophobia, and that after inoculation of rabies, Tansy injected into the skin at the point of inoculation, impedes the development of the disease, and finally, Tansy injected in increased doses, induces a condition indisposing to rabies.

The dependence of erysipelas, septicæmia, and tetanus upon the presence of a specific microörganism would seem to have been positively settled since these diseases have apparently been many times set up by inoculation of such organisms.

Renzi's method of treating tetanus by absolute rest of body and mind and entire exclusion of all sound and light from the patient, has shown some very positive good results.

The researches of Park go to show that 1. There is no known specific microbe for the production of bone diseases. 2. Infection may take place through any lesion of the external or internal surfaces, and infection need not be recent, as the microbes may remain long latent. 3. There is generally a predisposing cause favoring the entrance and development of microbes, as tuberculosis, syphilis, post-febrile states, etc.

In the treatment of osteomyelitis opinion seems to be united on the importance of early incision with cleansing and drainage.

For restoring loss of substance after operations *on bones*, there seems to be a bright future for Senn's method of packing the cavity or space with decalcified bone, as a substitute for living bone grafts, or in place of the perhaps more difficult method of organization of blood clot as practiced by Schede.

In the management of joint diseases, recent surgical literature shows a marked revival of interest, and particularly in these affections of tuberculous origin. The treatment of tuberculous arthritis is, however, still far from being settled. A number of writers have expressed their conviction that all joint diseases, even those of the hips, are best treated by mechanical appliance, rest and traction, without resort to operation in any stage, except in the way of opening and cleaning out abscesses. The excisionists, on the other hand, are just as positive of gaining better results, and some have gone so far as to advocate early primary operation as a preventive measure.

It would seem to the writer that the truth must lie between these extremes and that early excisions should not be encouraged, but in the late stages, when in spite of good mechanical treatment the disease progresses, resection should not be withheld.

The number of formal resections of diseased joints now bids fair to be materially lessened, through recent gain in favor of Volkmann's operation of arthrectomy with erasion and restricted resection.

Of osteotomies for curvature and deformity, probably a larger number has been reported than in any previous year. Series of a hundred and more cases are published in which healing has followed without suppuration in a single instance, and the procedure has now come to be looked upon by most of us as practically devoid of danger. The majority of surgeons will, however, prefer not to do the operation before the seventh to ninth year, on account of the liability to relapse in such young subjects, and will very properly substitute instrumental or manual redressement.

While for the correction of aggravated club-foot, the resection of wedges of bone from the convexity is still strongly urged by many, there has lately set in a reaction in favor of a return to the more conservative methods of properly applied force, together with the free

division of resisting tendons and fasciæ. Wolff, of Germany, Schaffer, of N. Y., and Park, of Chicago, are perhaps the most prominent advocates of the mechanical methods, and have shown numerous fine results following manual and mechanical reductions, with retention by plastic and other apparatus.

In *plastic* surgery, the transplantation of detached pieces of skin of considerable size has been frequently carried out with success, after the methods of Wolff and Thiersch, and quite lately satisfactory zoöplastic grafting has been done with the skin of frogs and chickens.

Thoracic Surgery.

In the surgery of the chest there has appeared but little to claim special attention. Early aspiration for serous pleural accumulations, and free drainage for pus is still strongly advocated. Several instances of paracentesis pericardii are reported, and when the fluid was purulent, free incision has been made in a number of cases, but the results have been, upon the whole, not satisfactory; perhaps, mainly, on account of the frequent preëxisting and accompanying pyæmic complications.

The operation of pneumotomy for pulmonary abscess has been successfully practiced by several European surgeons, and seems to have become an established surgical procedure, while pneumorectomy bids fair to become so in cases of tuberculosis and gangrenous inflammation.

Abdominal Surgery.

For several years, the abdominal region has claimed a large, if not the largest, share of the interest of practical surgeons, and the past twelve months have proved no exception in this respect. Journals and society reports have teemed with the experience of operators in this direction. Indeed, it would be impossible in so hasty a review of the subject as this must of necessity be, to at all do justice to the work of the past year in the surgery of the abdominal organs.

As to the best method of managing shot wounds of the abdomen, opinion is still unsettled. The expectant treatment on the one hand, and early operative interference on the other, has each its powerful supporters.

Senn's method of diagnosis of intestinal perforation by hydrogen gas inflation is far from being universally accepted in this country, and has received much adverse criticism at the hands of foreign operators. It seems to the writer quite probable that the value of this method will be found greatest in detecting points of perforation after the abdomen is opened, and not so much as a means of determining whether an abdominal section should be made or not.

Perhaps the most important communication on abdominal injuries, is that of Stimson, who shows that the statistics of the New York hospitals would give a mortality of sixty-five per cent. for the expectant, and eighty per cent. for the operative method.

He concludes: "In cases in which considerable time has elapsed, and when septicæmia or peritonitis are present, with distension of the abdomen, an attempt to discover the perforation will be fatal, and operations should be restricted to drainage and washing. When such grave symptoms are not present, the patient's chances are best under operation.

"In the present state of our knowledge, it cannot be said that interference or non-interference should be the rule of practice, and the surgeon may be guided by his own convictions and feelings, whether they lead him to seek to do as much good, or as little harm as possible."

The propriety of early operation in cases of inflammation in and around the vermiform appendix is also still *sub judice*. A large amount of literature has appeared on this subject, *pro* and *con*. The following conclusions of Weir, of New York, fairly well express the position of the major part of operators at the present time:

1. Such abscesses originate usually in the peritoneal cavity, and later invade the extreme peritoneal parts.

2. In the beginning all purgatives and enemata are to be avoided, the patient immobilized, assisted, if necessary, by anodynes.

3. Persistence of vomiting and spreading pain, elevation of temperature and tympanites for forty-eight hours, indicate immediate operation.

4. If general suppurative peritonitis be present at operation, it is best to avoid much manipulation, and depend on drainage with repeated irrigation.

5. For septic paralysis of the bowels, saline purgatives and repeated lavage of the stomach are most effective.

The question of removal of the appendix during the interval of recurrence of attacks, is one that has excited much discussion, but as yet we cannot say that a satisfactory solution of the matter has been made.

So far as published records go, it would appear that in nearly ninety per cent. the attack

is solitary, leaving thus only about ten per cent. of recurrent cases. When one considers, on the one hand, the low mortality rate which accompanies operation of these cases during the second or third day of an attack, and, on the other hand, the uncertainty of diagnosis in the interval, the equal (?) danger to life, and the possibility of development of ventral hernia, it would seem wiser to decline interference during quiescent stage, unless the attacks are so frequent and violent as to seriously interfere with the patient's ordinary avocations.

The important contributions to intestinal surgery of Senn, of Milwaukee, have during the year received many general expressions of favor from the whole profession. This department has certainly received a pronounced impetus in the introduction by him of intestinal anastomosis and end-to-end union as modified by Able and others, by enabling the operations of intestinal resection and gastroenterotomy to be conducted with much greater rapidity and precision.

A very valuable addition to original investigation in this direction is that of Van Lennep, of Philadelphia, who in reporting a series of experiments on dogs similar to those of Senn, followed by a successful application of his modification of the procedure to the living human subject, makes the following statements: Soft rubber drainage tubing may be advantageously used in place of bone plates, cat-gut rings or rubber discs. It is always at hand, and can be quickly made into rings of required size. The tendency of these rings to assume the circular shape holds the slit in the gut open. End-to-end union is the ideal method after resection, and much preferable to invagination, and accomplishes the same result as Czerny and Lambert sutures, more safely and quickly.

It is now admitted that the most essential feature in the radical cure of hernia by operation, is the exposure of the uppermost limits of the sac, and its entire removal flush with the peritoneal surfaces, but there is not the same certainty that the suture of the canal and pillars of the ring adds very materially to the surety of a cure, or prevention of relapses. So far as can be determined, the percentage of relapses under the most careful and radical operation is not less than fifty per cent.

Perhaps more than the usual number of operations for mechanical obstruction of the bowels by band, volvulus, etc., are reported, and the advisability of early operative interference is most generally expressed, although Hutchinson of London believes that reduction may be accomplished by abdominal taxis in a larger proportion of cases than has generally been supposed possible.

The great importance of emptying the distended stomach by the tube, before anæsthetizing these cases cannot be too strongly insisted upon. In a case of the writer's during the past year, this precaution having been omitted on account of very free voluntary vomiting immediately before operation, death took place under the anæsthetic, through sudden flooding of the air passages with the contents of the stomach.

Toward Billroth's operation of pylorectomy the later expressions of opinion among English and American surgeons is decidedly unfavorable. Continental, and especially German, operators still report a few cases, with, however, rather discouraging results.

The treatment of traumatic and acute peritonitis and tuberculosis, by abdominal section, receives increasing favor. At the late French surgical congress, the propriety and value of the method were generally conceded, some advising not only that the surfaces be washed, but that they be well wiped and even scraped free of plastic deposit.

Loreta's operation for divulsion of the stomach orifices for fibrous stenosis continues to be practiced in Italy almost exclusively, although quite lately it has received some consideration in England and this country. Judging by the reports so far submitted, the procedure, though called for but rarely, is still deserving of more attention than has heretofore been given it outside the country of its origin.

Hepatic surgery during the year has made satisfactory progress, though no very new developments have been noted. Several instances of resection of portions of the liver are reported, in which portions three inches long were removed; hemorrhage was controlled by deep catgut sutures, and elastic ligatures. The cautery was found unreliable.

Regarding the typical coleccystotomy, later experience would indicate its inadvisability and danger, and shows a decided preference for cystotomy with union of the opening to the skin.

It is a question whether cystotomy should ever be done unless the gall-bladder is diseased. The most important paper on this subject is by Tait, who gives forty-one cystotomies, with but two deaths.

The number of *splenectomies* has been unusually large, several successful operations having been reported by German, Italian and

English surgeons; until the present year the mortality has been discouraging. Of sixty-five cases collected by Sokoloff, up to last year there were forty-one deaths. The indications for the operation outside of traumatism appear to be the presence of neoplasm, cystic disease, ecchynococcus and badly wounded spleen. Enlargement secondary to other diseases contra-indicates.

In the surgery of the *urinary organs*, constantly increasing interest is manifested in the use of the electric lamp for exploration of the urethra and bladder. Otis, of New York, and Fenwick and Thompson, of England, have spoken strongly in favor of its more general adoption as a means of diagnosis of obscure affections of these parts.

Of the cutting operations for stone, the supra-pubic seems to be supplanting all others, and all forms of lithotomy, except for large and sacculated concretions, are rapidly and deservedly falling into disuse before the steadily increasing applicability of the Bigelow method of lithotrity. Even in the case of children, the method by crushing appears to offer the safest and surest relief.

Treyer, of India, reports a successful lithotrity in a child eighteen months old, when a No. 5 E. lithotrite and No. 6 E. canula were used.

The advantages of the supra-pubic method over the perineal, for exploration, removal of tumors and large and sacculated stone, is now universally admitted. Solonika tabulates 491 Russian cases of epicystotomy; of 424 representing the antiseptic group, but 11 pr. c. died.

Of twenty-nine epicystotomies reported by Sir Henry Thompson, up to July last, eleven of which were for tumor, there were four deaths. The question of the advantage of the supra-pubic route for reaching and removing enlarged prostates, and for drainage of the bladder has been freely discussed, and has been strongly recommended by Helmuth and others in preference to the perineal method, but although the results of these operations have been fair, it still remains uncertain whether the procedure will ever gain wide application.

The surgical treatment of diseases of the rectum has received most positive impetus through the energetic labors of Pratt, of Chicago, whose able and elaborate papers have added greatly to the precision and simplification of treatment in rectal diseases and affections dependent on them.

His operation for "excision of the pile-bearing inch" may be looked upon as superior to any present known method for the eradication of aggravated hemorrhoids.

In the department of *cerebral surgery*, no very marked advance has been made in the direction of operative treatment. The cranial cavity has been opened in numerous instances for the removal of tumors, evacuation of abscesses, relief of epilepsy, etc., and while some successful results are recorded, on the other hand, in several instances the lesion sought has been found post-mortem in a region remote from that attacked.

The researches of Bergmann and other careful investigators during the past year would only serve to emphasize the already admitted fact, that in a small proportion of cases only of brain tumors is a safe removal possible. Probably the most valuable contributions to this department of surgery are to be found in the writings of the neurologists, Starr, Mills, Seguin, Bartlett, and others on the diagnosis and localization of brain lesions. The further development of this branch of surgery it is quite apparent must depend more upon the study of neurological diagnosis than on the perfection of the operative technique, for in no other field are the resources of the diagnostician so seriously taxed as in this.

Since the successful removal of a tumor of the spinal cord by Horsley, in 1887, the procedure has been a number of times repeated with encouraging results; in fact, the operative treatment of injuries and diseases of the spine has since that time taken rapid strides. In the past year a number of resections have been made of the dorsal and lumbar vertebræ, for fracture with pressure paralysis, followed by benefit to more than half the cases. The vertebral laminæ have also been removed, with good results in Pott's disease, and that even in the acute stage.

Regarding laminectomy for injury, Dearborn says: "Whenever, following traumatism, even a slight abrupt irregularity of the spinal column is observed to coëxist with paraplegia, a cutting operation is indicated to determine whether the paralysis is not by bony pressure made incapable of spontaneous relief."

Deafness is a common sequence of mouth breathing, especially in children. Nine-tenths of the cases of so-called catarrhal diseases in children are traceable to this, and a large percentage of such cases can be cured by correcting this vice.—*Dr. N. R. Gordon.*

I wish emphatically to state my preference for the Sims, or sharp curette, as compared with the Thomas or dull curette. I have used both of these instruments, and it has been my experience that I can certainly remove more effectually and more thoroughly any growth or fungoid degeneration of the utricular glands with the sharp curette, and I have seen the dull curette fail completely to give relief in a number of cases. It has been stated by many authors that the sharp curette is a dangerous instrument. That I do not believe, for I have used the instrument now continually for nearly twenty years, and I have yet to see the first case of accident follow its use. Like any sharp instrument, it is a valuable one in the hands of those who understand its use, and, probably for the same reason, it may be called a dangerous instrument in reckless hands. You should never curette a patient in your office and then allow her to walk or ride home. I make it a rule to go to the patient's house, or have her go into a hospital or boarding-house or hotel, if she be not a resident of the city, and there I perform the operation carefully, thoroughly and without undue haste. In using the sharp curette, you will always find that when you are curetting over diseased area the instrument will emit no sound whatever; it will be in fact perfectly noiseless; but as soon as your instrument has touched healthy tissue you will get that peculiar rasping sound similar to the sound produced if the curette be drawn over the palm of the hand. The curette should be carried around thoroughly over the surface of the tissues on both sides, and antero-posteriorly as well, and often you are satisfied that you have thoroughly and efficiently curetted the whole interior of the organ, then the uterus should be well washed out with a solution of about 5 per cent. of carbolic acid and hot water at about 100° to 105° F. Following this, I have made it an invariable rule for years in my practice to inject into the uterine cavity about twenty or thirty minims of the tincture of iodine, care being taken to inject the iodine as the syringe is being withdrawn from the uterus, and not while it rests against the fundus or near it. This together with washing out, causes prompt closing of any bleeding surfaces. The patient is then put to bed and is made to remain there anywhere from three to five days, according to the manner in which the case progresses. — *H. Marion Sims, Annals of Gynecology.*

INFLUENZA.

By A. A. WHIPPLE, M.D.,

QUINCY, ILL.

[Read before the Illinois Homœopathic Medical Association, Chicago, May 13-15, 1890.]

I WILL not go over the ground so often traveled by others, and tell you how this disease, influenza, or *la grippe*, has prevailed, from time to time, in every part of the habitable globe. Neither will I enumerate the long list of scientific and popular names by which *la grippe* has been known and described, in different countries, in times past. It would also be beyond the scope of this short paper, even had I the time and ability, to endeavor to give you its history and etiology, from the dawn of creation, up through the dark ages, to the present time. You will be able to find it quite thoroughly discussed in the text-books. In looking up what has been written on this subject, it is a noticeable fact that the etiology of *la grippe* is in a very unsettled state. It is quite the custom in this progressive and enlightened age, when considering the etiology of obscure diseases, to charge everything to a specific microbe. Dr. J. W. Dowling, of New York, in a recent article in the *North American Journal of Homœopathy*, cannot refrain from saying that the germ-theory origin of the malady certainly seems the most plausible. To my mind, the germ theory of disease, like the broad mantle of charity, covers a multitude of sins.

There is a cause for every effect, but sometimes it is not easily discoverable; when such is the case, the germ theory of disease, being a plausible one, and as hard to dispute as it is to prove, supplies the missing link in the etiology of many obscure diseases. It is generally conceded that all pertaining to the source of *la grippe* lies in the realm of the invisible; that its specific cause is shrouded in mystery.

It is not, however, its etiology that I purpose to discuss, for that is but a secondary consideration. The invalid is usually in haste to recover health, and cares very little whether *la grippe* is from the east traveling west, or *vice versa;* whether it is of bacterial origin, or from telluric emanations; electrical conditions or barometrical conditions; whether the air is too dry or too moist, too hot or too cold; whether it has an excess of ozone, or a deficiency of the same; whatever the cause, it makes but little difference to the patient, whose greatest desire is to recover his health as pleasantly and as speedily as possible.

In the reported discussion on the prevalent epidemic, in a homœopathic society, I notice the following treatment recommended:

Quinine, to modify the initial stage and relieve the exhaustion.

Quinine, Katharmon and Cocaine spray, Nux vomica 1st decimal; also a combination of Morphine and Atropine.

Is it any wonder that old-school physicians call homœopaths dishonest, and accuse them of sailing under false colors, when they so often see just such treatment as the above, recommended in homœopathic publications, and witness it in the daily practice of so-called homœopathic physicians?

Had the pioneers of homœopathy in this country, Gray, Hering, Hempel, Pulte, Dunham, and many others, been of this stamp, our school, instead of occupying the proud position it now does, fifty years in advance of all others in therapeutic progress, would have been standing where the eclectics do to-day, in the shadow of traditional medicine.

In the treatment of influenza it may be that I am not up to the times, that I have not been as progressive as some; at any rate I have not given Quinine, Morphine, Atropine, Cocaine, etc., but have endeavored, to the best of my knowledge of materia medica and symptomatology, to treat each case in accordance with the symptoms present, regardless of nosology, first placing the patient in the best hygienic condition possible.

A description of the treatment of influenza is difficult, owing to the diversity of forms under which the epidemic appears.

In many of the cases the cerebral symptoms predominate, in which Belladonna, Bryonia, or Glonoin are likely to be indicated.

In others the affection of the respiratory organs more particularly call for some one of the following remedies: Aconite, Bryonia, Phosphorus, Rumex crispus, Sticta, Ipecac, and Tartar emetic, the last-named too rarely.

There have been a few cases in which the symptoms of gastric or intestinal catarrh were the most prominent; for these, Mercurius sol., Nux vomica, Pulsatilla, Podophyllum or Ipecac were used.

Headache, backache and unusual prostration have been characteristic of the malady in nearly all, if not in every case.

The careful study of the pathogenetic and verified symptoms of Bryonia, will show why it is curative so often in the present epidemic.

Phosphorus is also a remedy standing side-by-side with Bryonia in its curative action, especially in pneumonia, when the bronchial symptoms are prominent.

Sticta pulmonaria and Rumex crispus are, now and then, indicated by such well-defined symptoms that mistakes in their exhibition should seldom be made.

In the many reports I have read in medical journals during the past few months, I have been surprised that so little mention has been made of these two remedies.

In quite a number of cases I believe that I have been able to stop, in its incipiency, what would otherwise have been a severe attack of influenza, by a few doses of Sticta. It is indicated in those cases starting as a coryza, with dull frontal headache, especially at the root of the nose; frequent sneezing, with at first a hot, irritating, watery mucus discharged from the nose; also conjunctivitis with lachrymation.

Sticta is not a polychrest, and yet it deserves better mention than some authors have seen fit to give it.

Rumex crispus is another one of the new remedies but slightly mentioned in any of our works on materia medica, and in several of them not at all. Like Sticta, it comes in play in just such epidemics as the one we have recently passed through. Its specific action is upon the laryngo-tracheal mucous membrane, and my own case will serve to illustrate its action. When the recent epidemic had prevailed in our midst a number of weeks, and I had been kept busy almost night and day, with still no signs of lessening, I started out one morning to make my daily visits, and found in a very few minutes that I had made a mistake in not buttoning my overcoat, as the temperature was fast becoming colder.

On leaving the house after my first call I was more careful in protecting myself, but it was too late; I had already, by my carelessness, taken cold — I had *la grippe*.

It began with a tickling, dry, husky condition in larynx and trachea, rapidly becoming worse, so that when evening came I was indeed sick.

My temperature was 102°, pulse 100, with flashes of heat and chilly sensations alternating.

The aching in head and back was such as I had experienced but once before, when I had small-pox.

For these symptoms Bryonia would seem indicated, but the cough, and irritation of the respiratory passages, was so characteristic of Rumex that it could not be mistaken. There was

no let up to it; it was an incessant, dry, fatiguing cough, with such an excoriated feeling from the larynx down, as seemed that every particle of mucous membrane had been destroyed, leaving a raw, burning surface throughout the upper air-passages. Rumex 30th was like oil on the troubled waters; it was the only remedy taken, and a very few doses of that. I was completely relieved of all the bad symptoms before morning, but I remained in bed until the following morning, to be on the safe side, and to see how good and how pleasant it was to rest for a day — the first time in many years.

My practical experience in the recent epidemic has been, to me, eminently satisfactory, and I think it has been equally so to all those who have employed me, and honored the school we represent by their patronage, encouragement and substantial support.

ALIMENTARY.

By W. IRVING THAYER, M.D.,
BROOKLYN, N. Y.

THE object of the ingestion of food is not only to prevent systemic depletion, but to supply building material for the various tissues of the body. These textures, according to Wilson, are eighteen in number.

It cannot be supposed for a moment that gluten, starch, or purely nitrogenous matter, is going to supply these varied necessities, though each one is very important for specific purposes.

Wilson's eighteenth texture is the enamel of the teeth. There are two other textures in the teeth, as distinct from the enamel as are the cartilaginous from the osseous tissues, and more important in tooth structure. I refer to the dentine, the greatest portion of the tooth, and also the cementum, which covers the dentine of the root.

It is absolutely impossible to build up good, strong, decay-resisting teeth upon any pabulum that has not a large supply of soluble calcareous matter in solution. As the teeth begin to form *in utero* as early as the sixth week, it follows that the expectant mother should largely supply herself with food having a sufficient quantity of these salts, chiefly the coarse bread food.

Of still greater importance is infant and child-nutrition; for, not do only the hard tissues — teeth — demand the inorganic constituents, but the cartilaginous, osseous and muscular textures, and, in vastly less proportion than the enamel, dentine and cementum.

A *well fed* maternal milk is the best possible pabulum for an infant, but the nobleness of the race has become so degenerate that many children must be fed artificially.

But how? This is a question of some interest to the attending physician, as it is of vital importance to the little patient.

Two substances are usually employed: Starch food, or that constructed out of wheat; and cow's-milk. Compared to the breast-milk, in their ordinary cooked condition, they are, indeed, a poor substitute.

First, as to starches. This proximate principle of all vegetables *cannot* be well digested by young infants, from the fact that such children are deficient in the amyolytic ferments which are the only solvents that will dispose of starch. If the starch has been converted into *dextrine* — or soluble starch — the case is very different; for this substance is easily converted into soluble sugar, which is then ready for absorption. This requires that the grain be treated with a dry-heat of 350° for eight hours. No matter how long oat-meal or any other amylaceous substance may be boiled, the resulting conversion is not dextrine, and, hence, not an easily-digested pabulum for young infants.

Cow's-milk, *per se*, or largely diluted with boiled water, is not as good a substitute for the maternal breast as though it had passed through certain manipulations which change its objectionable characteristics, and make it very closely resemble human milk.

The chief treatment that cow's-milk requires, is to convert its casein into a protein compound, having the same characteristics that the casein of mother's-milk has, that is to say, *easy digestion*. This is done by the aid of *fresh* pancreatine, and a temperature of 105° F. sufficiently long to partly *pre-digest* the casein, so as to be easily comminuted in the digestive apparatus of a young child.

Enteric complications in infants arise mostly in those cases that are artificially fed on cow's-milk, or an artificial food composed largely of starch. Having lost two children in my own household, many years ago, through consummate ignorance and starch, it has been my purpose to investigate and point out the dangerous spots in infant feeding. "Confession is good for the soul," and sometimes blesses the body.

Marasmus, whether caused by disease or starvation, is generally inaugurated, primarily, by an infant's inability to digest the protein compounds — casein — or some form of the starches. I have had some experience with an

artificial food known as Lacto-Preparata, and have found in practice that in several cases, where the mother was able to nurse her infant in part, that this food, given with the maternal breast, from four to six hours, would digest as easily as mother's-milk, with which it was given in alternation, and nourish the child.

Two of the infants were severe cases of inanition, though both fed from the breast; one fed every fourth hour on *undigested* cow's-milk, reduced with water, and the other nursed from the bottle one of the starch foods, but in neither case was the mother's-milk combined with the artificial feeding sufficient to nourish the child until the above-named food was substituted for the irrational artificial feeding.

The maternal fluid possesses two constituents that must be imitated in an artificial food for infants, if full nutrition is to be expected. Cow's-milk possesses one of these constituents in an exalted degree, that is, in its albuminoids, or protein substances. But, in many cases they might as well not be present so far as specific nutrition is concerned, because the digestive apparatus of the infant cannot avail itself of the presence of this nitrogenous matter, this tough, leathery casein.

Pre-digest it in part, so that, when it comes in contact with the digestive ferment it will coagulate into light, flaky curds, just as the casein of mother's-milk does, and full nutrition will be obtained.

The other constituent in mother's-milk is its peculiar carbo-hydrates. This, cow's-milk has, but in a less degree. In an artificial food this can be corrected by adding the carbo-hydrates that will digest as easily as they do in breast-milk. This is best done for children under eight months of age by adding, in process of manufacture, sugar-of-milk. After that age the child's digestion will be strong enough to dispose of carbo-hydrates in the form of dextrine. The average quantity of sugar in woman's milk is 7.407 per cent.; that of the cow only 4.949 per cent. The food spoken of is constructed upon the principles enumerated in this paper.

Casein will average in woman's milk, only 1.046 per cent.; while different in physical characteristics in the cow, it is as great as 3.022 per cent.; while some analysts have made it average as great as 7.005 per cent.

Only in one particular can it be said that cow's-milk, pure and simple,— that is, undigested— is better for an infantile pabulum, and that is, in its excess of the lime-salts.

Human milk has but .101 per cent. of calcareous matter, while cow's-milk contains, at the least .490 per cent. of the inorganic constituents; hence, vastly more superior for petrous tissue-building, and in no way interfering with the easy digestion of an artificial food, or cow's-milk, if the latter is, by commercial or domestic process, pre-digested.

TUBERCULOUS OSTEITIS.

By C. B. KINYON, M.D.,
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[Read before the Illinois Homœopathic Medical Association, Chicago, May 13-15, 1890.]

IT is only within recent years that the pathological alterations in the bones have been considered analogous to those of the soft tissues. Experiments on animals, and histological research, have fully established this similarity.

In considering the general subject of osteitis it is really necessary to take into account the age of the patient, but in the study of the tuberculous form alone this is not so essential, only in so far as age influences all physiological growth and repair. A few words regarding the process of inflammation in bone will help us better to understand the tuberculous process. Injury or irritation of the periosteum produces effusion of blood, followed by infiltration and thickening. This thickening is due to proliferation of the cells of the deeper or ostogenic layer of the periosteum. This newly formed material soon becomes organized into normal bone tissue. At this stage the surface of the bone becomes rough. This roughness is due both to absorption of bone substance at the periphery of the Haversian canals, which open upon the surface of the bone, and to the unequal deposit of newly made bone tissue beneath the periosteum. This absorption is carried on by the medullary cells which normally line these osseous canals. This process is only temporary and is soon followed by reconstitution of the bone tissue.

When the center of the bone is the seat of injury the same process takes place in and about the canals of Havers. The marrow being so abundantly supplied with blood vessels there is a tendency for the medulla to soften and break down.

The second stage, or stage of reconstitution, is substantially the same upon the surface or in the center of the bone, except that the deeper, or ostogenic layer of the periosteum, has by far the greater ostogenic properties. During the first and second stages there is a

striking similarity, whether the irritating cause is of traumatic or septic origin.

We have now reached a point where the inflammatory process may stop or continue according to circumstances. If it continue, the disease-producing process may assume various forms. For the purpose of this paper, I need mention but two: The rarefying or condensing osteitis, and the termination by suppuration. Under the first head, we have the rarefying osteitis, and this may be succeeded by progressive reconstruction of bone wherein the osteoblasts in the Haversian canals become ossified so that the bone resumes its original form, and this bone may become even more than originally condensed.

Under the second head we find that the excessive production of medullary tissue soon leads to the formation of pus. The leucocytes accumulate in large masses under the periosteum or the medullary canal, or they may also be formed in the Haversian canals, which contain embryonal cells. The osseous material being bathed in pus cannot long survive. The rapidity of this process of necrosis is in direct proportion to the amount of pus present. In both traumatic and septic cases it is the excessive irritation that favors the formation of pus. This, as already stated, soon leads to necrosis, because the blood vessels located in the rigid Haversian canals being unable to adapt themselves to the changed conditions, are soon obliterated and the circulation cut off.

In speaking of tuberculous osteitis I shall refer to but two general divisions: First, the encysted tubercle; and second, the tuberculous infiltration. The inoculability of both forms having been positively demonstrated, it is only necessary to speak of the one common origin.

In fact this method of conveying the disease has repeatedly been carried on almost indefinitely from one animal to another. This is the distinguishing test between the true and the pseudo tubercle.

Of course this common origin does not lead to identical results in different persons. There are two distinct reasons for this. (*a*) The stage of development of the micro-organism when it is introduced into the circulation. (*b*) The condition of the patient's system.

Under the first head one must also take into account the nature of the infection material, *i.e.*, whether it is a chemical poison (a ptomaine), or whether it is always the parasite itself. My opinion is that in some cases it is the germ alone, and in other cases the ptomaine alone, while in still others both conditions may obtain. These different conditions constitute the essential difference between the so-called encysted tubercle, and the so-called tuberculous infiltration. But I fully believe that the original cause in both forms is the bacillus of Koch.

In the encysted tubercle or chronic form, the growth and multiplication of the germ is checked by the action of the surrounding healthy tissues to such an extent that the ptomaine is not generated enough seriously to affect the system, and the disease is held in check or may be altogether cured by the elimination of the tubercle. In a few words, the following appears to me to be the most rational explanation of the action of the bacilli: Having been introduced into the circulation, they continue in their course until they reach the smaller capillaries, where by their accumulation they block the way, so to speak, thereby constituting a focus for inflammatory action which ultimately leads to the deposit of the tubercular follicle. The bacilli multiply, invade near surrounding tissue, and produce more tuberculous deposits as long as the disease is unchecked.

This ceaseless multiplication constitutes the real difference between the disease-producing action of tuberculous and non-tuberculous foreign bodies, and explains the relative gravity of the two conditions. The central tubercles being poorly nourished, undergo caseous degeneration, while those of the periphery continue to develop and encroach upon the surrounding tissues. This invaded tissue is sometimes spoken of as the encysting membrane. By their ceaseless multiplication these peripheral cells or bacilli generate the ptomaine which is the active infecting agent in the infiltrated form of osteitis. These various phases may co-exist, or there may be only the encysted variety.

But little need be said in regard to the influence of the patient's condition upon the progress of the disease. In this as in all other diseases, nature endeavors to eradicate all agents inimical to health, and the stronger and better nourished the individual, the more successful will be his system in overcoming, or at least, in checking the disease. The progress of the encysted tubercle is by no means uniform. Neither is its location always the same; it may be at the center or the surface of the bone. This form of tubercle very frequently causes but little disturbance, its course being very slow indeed. Sometimes its presence is not suspected at all, but is found during the post-mortem, when and where least expected. These

tubercles often soften, either with or without inflammation. When there has been no inflammation these softened tubercles are frequently absorbed. When there has been inflammation to any extent, absorption cannot take place, and the contents of the cyst must be evacuated by mechanical means.

It is the diffusion of the virus in the infiltrated form that constitutes the real danger. Nearly all cases of an active inflammatory type are of this variety. The commonly called white swelling, would properly come under this class.

Aside from, or rather in connection with the specific cause, traumatism plays an important part in the causation of tuberculous osteitis. Ollier says that all forms of osteo-myelitis may be but the consequence of injury. He puts the proportion at seventy per cent. of all cases.

It is a long established fact that the bacilli may and do remain inert for a long time in healthy tissues in great numbers, but develop very rapidly when these same tissues are changed by inflammation.

There are no pathognomonic symptoms of tubercles in the bones. The history of the case and the general condition of the patient give strong presumptive evidence, but the only absolute sign is the presence of bacilli under the microscope. In treating this disease we must of course pay some attention to the local phases and conditions, but our best energies ought to be directed toward improving the general health, for really the bone disease is but the outcropping of some constitutional evil, some diathesis or dyscrasia, either hereditary or acquired.

Of first importance is habitat. With this at fault little can be done even to relieve, much less to cure the disease. Under this head we mean to include climate, moisture in the ground and in the atmosphere, sunlight, ventilation, sleep, food, and, in short, all that goes to make up the surroundings of daily life.

In regard to internal medication it is only necessary to call attention to the fact that the same remedies apply here as in general tuberculosis. By way of local treatment much more can be done than in the same disease when located in the soft tissues, for in the bones large masses die at once and are isolated, so to speak, and can be removed easily with a great degree of confidence that all the disease is eradicated. Where a sequestrum can be outlined, or where there is rapid and extensive destruction of bone taking place, entire removal of the diseased bone is justifiable and even demanded when conditions make it practicable. But in obscure cases, and in the first stages of the disease, rest is the all-important curative agent.

As the indications for and the method of performing the different operations will be discussed by another member of this bureau, I will simply add a few more suggestions.

By all means operate, even if other organs (perhaps internal) are diseased, for the removal of the diseased bone will often relieve and check the disease in other parts, even if it does not render possible a cure.

Within the last few years surgeons have found by experience that phthisical patients bear operations exceedingly well where the heart and kidneys are sound.

The best rule is to find the abscess in its early stage, and open it whenever and wherever found, and thoroughly empty, cleanse, and disinfect the cavity, and so arrange drainage that it will keep empty. This rule is of more importance than all others in the successful treatment of tuberculous diseases of bone.

General medication is frequently of more importance in the treatment of skin diseases than local measures. A little girl had an eczematous crust upon the left side of the head, involving the scalp. In addition to this there existed tinea tarsi. The child was pale, thin and scrofulous. But little was done in the way of local medication, except to remove the crust and apply a slightly stimulating ointment. Cod-liver oil, internally, was ordered. In three weeks the little girl had perceptibly gained flesh and the skin was cured. The oil was continued and the patient grew stout and hearty. It is absolutely necessary to enforce a long continuance of internal medication in order to obtain a permanent result.

An odd affair is reported from Helsinborg. A young medical student brought an action for damages against a local doctor for having hypnotized him on several occasions without his consent, with the result of inducing an unstable condition of his nervous system and enfeeblement of his nervous powers. To the surprise of the tribunal, the witnesses not only contradicted each other, but related the most improbable and ridiculous stories. The key to the enigma was furnished by one of the witnesses, a medical man, who stated that the defendant had hypnotized all the witnesses and caused them to speak by "suggestion." The further hearing of the affair was adjourned in order to give the witnesses time to emancipate themselves from the influence and for the purpose of obtaining impartial expert testimony.

SELECTIONS.

Society Fee Bills.*

I make no apology for occupying your time with the common-place subject of fees. I do not approach the subject from the standpoint of the professional labor agitator, striking for short hours and long pay. My plea is for uniform rather than higher fees. This society has a fee bill to which each member subscribes when he or she becomes a member. It is a part of the constitution and by-laws. Its provisions are "more honored in the breach than in the observance." Against this condition of things which cannot be palliated or denied, I wish to enter my protest.

Physicians sustain a double relation to their patients. First, that of striving to relieve or cure suffering humanity, and secondly, that of one who depends upon those for whom he labors for a comfortable support. The practice of medicine is a legitimate business and we must live by it just as other people live by theirs. The fact that it is a humanitarian profession, it is true, should never be lost sight of, but unselfish devotion to suffering humanity cannot, nor will not lift us above the demands of the butcher and baker.

Theoretically, the physician, like the clergyman, is a philanthropist, and is actuated in the practice of his profession by the desire of doing good to his fellowmen, and possibly also by his love of science for science's sake. Such should be the motive of every physician, and it is this fact which places our profession on a high plane and entitles us to rank among the noble professions. But to be philanthropic in its best sense we must also be practical. It is not true philanthropy to encourage idlers in their idleness and vice in its viciousness. Much of the poverty, in this country at least, comes from these two causes. There are three classes of poor: God's poor, the devil's poor, and the poor devils. By far the largest class of poor belong to the second-class. It is no charity to do business for such people for nothing. They usually make enough money to pay their bills but spend it in riotous living. They are lost to all sense of shame or honor, and it is an act of kindness to insist upon such people paying their bills or cut them off. It is a curse to such people to give them what their labor cannot fairly earn. Carlyle well says: "Let wastefulness, idleness and improvidence take the fate which God has appointed them: that their opposites may have a chance for their fate. He that will not work according to his faculty, let him perish according to his necessity." There is no law more just than that.

It does not devolve upon the physician to furnish his services to the poor gratis, any more than the merchant to supply them with food and raiment. The extent to which this has been done, is a self-imposed tax. The custom reflects credit upon the profession. True charity demands, however, that we discriminate. We are under no more obligation to the poor than any other class of citizens. Our poor laws provide for their support, which relieves us of the responsibility which formerly existed. The sympathetic and discriminating physician would not force a sensitive person—one of God's poor—to avail himself of the aid the poor laws give. This class is so small, however, that we can afford to attend them gratis. I not only do, but I know I echo the sentiment of every member of this society, when I say I can attend such people as cheerfully and with as much alacrity, as I do the best-paying patient I have. The heartfelt thanks received, and the consciousness of charity bestowed is the richest reward we can possibly receive.

There is too much maudlin sentimentalism indulged in with regard to the poor. Time was when the poor were oppressed, but now the pendulum has swung too far the other way and the poor, so-called, are the oppressors. For proof of this examine the books of almost any physician. You will find them loaded down with worthless accounts against people who could pay but do not. They expect us to go at their beck and call, usually are the hardest to please, but if we attempt to exact our fees, then the cry of "unjust oppression of the poor" is raised. It is proper for us to discriminate in giving credit and showing leniency in our dealings with poor people. There is but little danger of a humane man doing an act of injustice. The practical and most humanitarian view to take of the matter is to insist upon a reasonable fee and prompt payment for our services. Let each one elect for himself whom he will treat gratis and let the authorities upon whom that duty devolves take care of the rest. By pursuing such a course our practice will be more remunerative and we will thereby be better equipped for alleviating suffering humanity.

A large per centage of the income of every progressive physician is expended on books, instruments and appliances for the benefit of his

*This paper, which was read by Dr. J. W. Pettit, of Sheridan, Ill., before the LaSalle Co. Medical Society, was, by resolution of the Society, published in *The Medical Standard*, of Chicago. We deem it of sufficient interest to reproduce it for the benefit of the readers of the Medical Era.—Eds.

patients. People expect, and they have a right to expect us to be equipped for all ordinary emergencies. If called to amputate a leg, for example, and we have no amputating case, we subject ourselves to adverse criticism. It will not be considered a valid defense to say that our business will not afford it. There are many things which we must afford from which we frequently do not get enough to pay back the money expended. I venture to say that the average country doctor rarely ever has demands for an amputating case to pay for itself, still we are expected to have one. This demand is reasonable, and the public should be made to pay for it either directly or indirectly.

Our fees should be commensurate with the time and expense of fitting ourselves for the active duties of our profession. Are they? Even though we charge the maximum rather than the minimum fees, the average physician, after years of study, constant outlay and tiresome waiting, makes no more than a living until he is about thirty-five. At forty to fifty, by dint of hard work and close economy he can lay aside something for a rainy day. If ambitious he is usually an old man at fifty or sixty. Stated briefly, a physician's active professional life is about twenty years. Now suppose he should save $1,000 a year, at the end of twenty years he will have $20,000. This is too liberal an estimate by far, but even the interest on this amount would only insure a moderate competence. The fact is this estimate is too large by fifty per cent. Not a very inviting prospect for one's old age, truly. The average farmer or business man can show better financial results than this. Our responsibilities are greater, our work more arduous and exacting, our active life shorter, therefore our pay should be better than theirs. If it is not, why not? The question is easily answered. Simply because, through a timidity born of a fear of losing our hold upon the little we have, we charge less than our services are worth. The least complaint from a patron is apt to frighten us and the account is reduced. People soon learn this and are very ready to take advantage of it.

Some persons do, but most do not, employ the physician who charges the least. There is a law of compensation that runs through all transactions of whatever nature, that the better the article of service, the higher the price. This fact is universally recognized and the physician who cuts fees says in effect that his services are of a low grade and his charges accordingly. This may not be actually true, but this is the construction put upon his act. There is a dignity in fees just as there is in one's bearing, and he who undercharges lowers his own dignity and that of his profession. If the subject of fees was viewed in its proper light the public could be made to understand that higher, and not lower fees, are in their interest.. The physician with a good income is usually more enthusiastic and better equipped, and while the public pay more they get returns in better service.

There is a large streak of selfishness running through humanity. No matter how skilful or arduous the service, or how thankful a patient may have been at the time it was rendered, a large majority forget all these considerations when they come to pay, and seek to get our services for as little as possible. You have doubtless all heard of the man whose wife was desperately sick. He thought she was going to die and told the attending physician he would pay him $500 if he would cure her. The physician did his best for the patient. As she grew better the man kept repeating his offer of remuneration, but each time the amount was less. She got well. The doctor presented his bill a year afterward for $25. The man refused to pay on the plea that the bill was exorbitant. This story, whether true or not, illustrates a phase of human nature observed by every physician. No matter what fees we charge, whether high or low, many will find fault. This is unpleasant, but we must meet it, and the more firmly we do, the better for our purse and the dignity of the profession. I have observed that if a patron disputes a bill and I insist upon full payment, I am more likely to retain his business than by yielding. Yielding is virtually confessing that the charges were exorbitant and the extortion was only prevented by objecting. This is the way the act is apt to be regarded. Being firm with such people is more likely to secure future business than to show a truculent spirit. This disposition to get something for nothing runs through society everywhere. The way to meet it is to be fair in our demands and firm in exacting our rights.

Our incomes are not what we charge, but what we collect. Financial success in the practice of medicine depends, like every other business, upon careful attention to the details of the business part of our business. Doctor's bills are proverbially hard to collect. This need not be so and is only true because we permit it. Sickness and the resulting doctor's bill makes not only that but every other bill hard to pay. Sickness is a misfortune and we should always show that leniency born of true charity in making collections. We should never subject ourselves

to the charge of grinding the face of the poor. Our relations to our patients are of such a nature that if we are observing, we can know their financial as well as their physical condition, and there is little or no excuse for oppressing the worthy poor. We should not forget, however, that charity begins at home and in our efforts to be merciful, should not be unjust to those dependent upon us.

A few years ago an honored member of this society died. He had enjoyed what was supposed to be a lucrative practice for twenty-five years. He was industrious and economical. After his death it was found that he had many thousands of dollars on his books. Some of these accounts had been running for years and were outlawed. An attempt was made to collect, but only a few hundred dollars was the result. An almost helpless family were left to struggle against an adverse fate simply because their natural protector in being charitable to others had forgotten to be just to his own. Business is business, and charity is charity. We should not confound the two. Insist upon those paying who can, and thus separate the chaff from the wheat. Otherwise we are apt to mistake the chaff for wheat and not find out our mistake until it is too late. Have a rule and insist upon it and the people will associate you and your rule together.

The fee bill adopted by this society provides a fixed, or a maximum and minimum fee. This is a part of our code and it should be regarded as binding in its provisions as any other provision of our constitution. The fact is our fee bill is a dead letter, each physician making such charges as he sees fit. These charges are uniformly lower than the fee bill. Our city members come nearer complying with the fee bill than the country members, and my criticisms are meant to apply more particularly to that class to which I myself belong. The fee bill fixes mileage at $1.00 for first mile, and 50 cents for each additional mile. I only know one of my neighbors who charges the full fee. The usual practice is 50 cents a mile straight, and for long distances even less. Many country physicians do not charge extra for night calls. The ordinary fee in obstetric cases is $10 without regard to time, complications or distance. Some even charge as low as $5. For office consultations never more than 50 cents, ofttimes including medicines, and frequently as little as 25 cents. Charges for surgical attendance are invariably far below the fee bill. Such a course is suicidal and should be discountenanced. Such men may say it is nobody's business what they charge. In a certain sense this may be true, but anything which tends to lower the standard or dignity of the profession, is the business of its members. There is nothing which does it so effectually as ridiculously low fees. Why physicians will pursue such an insane course is more than I can understand. It must grow out of the timidity to which I have referred. I insist that the country doctor is in a position to be more independent than the city doctor. The disproportion between numbers and business is not so great in the country as in the city, therefore the reasons for undercharging are less. Public sentiment with regard to fees is just what physicians make it. If two or more physicians are practicing in the same community, one charging lower and another higher fees, the lines are sharply drawn, the one charging the higher fees securing the better and the one undercharging, the poorer class of patients, as a rule. The public values our services about in proportion as we ourselves value them.

The laity have a greatly exaggerated idea of the income of a physician. He writes a prescription which requires but a moment and charges a dollar for it. Performs an operation which requires but a few minutes and charges $5 or $10 for it. Takes a ride in the country a few miles and gets more for an hour's work than a laborer would make in two days. They see him hurrying hither and thither in a busy time, and by computing his fees find he is making $20 to $30 a day. Then they take this as a basis for computation and figure out that he is making from $6,000 to $10,000 a year. Would that it were true! But what are the facts? Much of the time we are idle, a considerable portion is devoted to charity patients and a very large per centage of our time to people who do not pay. The net result is a loss of from 30 to 50 per cent. of our time and earnings. Physicians themselves are largely to blame for these exaggerated notions of the laity. Many think it assists to draw business to convey the idea that they are making princely incomes. Ordinarily doctors are a truthful class and otherwise reputable citizens, but in their statements of the amount of business done I certainly think they are the greatest prevaricators God ever made. Some of their stories would put Ananias to the blush. It is just such stories as these that lead people to believe that our incomes are out of proportion to what they should be, and tend to overcrowding our ranks by creating the impression that the practice of medicine is the short road to wealth. Statistics show that the average income of physicians in the United States is

about $1,000. I have never yet met a physician who claimed to make less than $1,500. I have often wondered what was left for the poor devils who brought the average down to $1,000.

Another abuse to which I wish to call attention, is our treatment by Boards of Supervisors. We all do more or less business for the county. There is no reason why the county should not pay as much for our services as an individual. It is the uniform practice to cut physicians' bills. They seem to act on the principle that we are a lot of rogues seeking to defraud the public. We should take measures to defend ourselves against such injustice, not alone to obtain our just dues, but resent the insults heaped upon us. We have quietly submitted to this petty tyranny for the reason that our only redress was through the courts, and this was too expensive. The boards are aware of this and take advantage. In several instances members of this society have sued for their justly earned fees, and in every instance defeated the board. Since they force us to this resort it has occurred to me that we should take some action looking to a remedying of this evil. I am in favor of this society employing an attorney to prosecute every just claim rejected by the board. This would show them that we are a unit for the rights of each individual member. It may be argued that such a course would convert our society into a collection agency. Suppose it does. We will not have to engage in business very long, for a few suits will bring them to terms and then we can go out of business. The action of the board is indefensible, but this condition of things largely grows out of the fact that there is no uniformity of charges in accounts presented to them. For example: At the last meeting of that body, I presented a bill for attendance upon three cases of diphtheria. At the same time one of my colleagues presented a bill for attendance upon six cases. His charge was about one-third as much as mine, and mine was even less than the fee bill. They paid his bill without protest, but wanted my charges to conform to his. To this I objected and got my pay. Now in face of such discrepancies is the board altogether to blame? Bills come in from all parts of the county. They can very consistently take the position that one man's service is worth as much as another's. There is a marked difference in the accounts rendered. They take the lowest as the standard and make the rest conform to that standard. The physician who charges the low fee in this instance not only robs himself, but wrongs his brother practitioners.

There is a class of never-do-wells in every community who stick to their physician like barnacles to a ship. They require more attention than any other class. They send for the doctor for every ache and pain. They like to have it appear that they are on very confidential terms with the doctor and are loud in their praise of his skill. They are very patronizing in their manner and profuse in their promises to pay. They do pay, but it is in promises and praise. I have found a very good way to deal with such people is to go when called, never ask them for money, but frequently call on them for work. They try to wriggle out of it but I follow them up sharply. They soon learn that I will only be imposed upon about so far, their calls become less frequent, and finally they quit me entirely, much to my relief.

I have endeavored to "nothing extenuate or set down aught in malice." Let each one resolve to live up to the fee bill and do it, and there will be no occasion to refer to this subject again.—*The Medical Standard.*

Warm-Weather Drinks.

The juices of various acid fruits, mixed with sugar and water, make, during the warm months, most delicious and wholesome beverages. They have the power of quenching thirst and, at the same time, conveying a small amount of nourishment to the blood. Ice, or very cold water, if taken freely, is apt to disorder the system; while these acid fruit drinks will agree with most persons perfectly well. Buttermilk is the most healthful and strengthening of all summer beverages. It stimulates a weak and delicate stomach, and aids rather than retards in digestion. I am sure, if persons knew the value of this beverage and food, it would be used more freely by everyone. I have known it to cure certain kinds of indigestion; and, besides this, it quiets the nerves, and helps those to sleep who are troubled with insomnia; and so I might go on indefinitely, telling of its good qualities. This, you know, is one of the most peculiar features of buttermilk — its friends never tire of singing its praises, and its enemies never weary of wondering how persons can like it.

STRAWBERRYADE.

Mash one pint of ripe strawberries, add to them one quart of cold water; stir until well mixed; strain, and sweeten to taste with granulated sugar. Ice may be added just as you serve.

EGG LEMONADE.

Separate four eggs, beat both whites and yolks until very light. Dissolve a half pound of sugar in one pint of water, add to it the juice of four

lemons; stir a moment, and add a quantity of cracked ice. Mix the yolks with the whites, and then stir them carefully into the lemonade. Serve at once.

CURRANTADE.

Mash one pint of ripe currants, and press out all the juice. Mash and strain the same quantity of raspberries. Add to them about two quarts of cold water. Sweeten to taste.

GINGER DRINK.

Ginger, as a rule, agrees with the stomach, especially in warm weather. Dissolve two and three-quarter pounds of sugar in two gallons of soft water; then add the well beaten whites of three eggs and two ounces of Jamaica ginger. It is well to moisten the ginger in a little cold water before adding it to the whole amount of water. Bring all this slowly to boiling point, skim, and stand aside to cool. When cold add the juice of one large lemon and two tablespoonfuls of yeast, or a quarter of a compressed cake dissolved. Fill it into bottles, cork tightly, and tie the corks down; stand the bottles in a cool place for ten days, and they are ready for use.

RASPBERRY VINEGAR.

Put two quarts of raspberries into a stone jar, and pour over them one quart of good cider vinegar. Cover and stand aside for two days, then drain off the liquid without mashing the berries, pour it over a quart of fresh fruit, and stand as before. Do this once more, the last time straining through a muslin bag. Now add one pound of sugar to every pint of this liquid. Boil slowly five minutes, skim, let stand fifteen minutes, bottle and seal.

Strawberry and blackberry vinegars are made in precisely the same manner.

WATER ICES AND FROZEN FRUIT.

It is very much easier to make a good ice cream than a good water ice, sherbet or frozen fruit. Cream, with an ordinary amount of care, freezes quickly and smoothly; and even and continuous beating improves it. Just the opposite with frozen fruits and ices. A much longer time is required for freezing them, and the beating must be very carefully done, or they will be frothy and tasteless. In all cases where sugar and water are boiled together, the time must be noted exactly, the scum removed from the syrup, the syrup strained while hot through a fine muslin, and then cooled before adding the fruit juice, otherwise the true flavor of the fresh fruit will be lost.

One of the pleasantest of all ices is the ginger ice; after a hearty dinner it is especially appropriate. It may be made by simply adding six ounces of preserved ginger to one quart of lemonade, and then freezing it. Four ounces of the ginger should be pounded to a paste, and the remaining quantity cut into very thin slices.

ORANGE WATER ICE.

Add to one pint of orange juice two tablespoonfuls of lemon juice. Cover one tablespoonful of gelatin with two tablespoonfuls of water; let it stand for a half hour. Add one pound of granulated sugar to one quart of boiling water, add a few pieces of the yellow rind of the orange, boil five minutes, add the gelatin, strain, and when cool add the lemon and orange juice; turn the mixture into a freezer, and freeze slowly without beating. Simply give the dasher now and then a turn, until the whole is frozen like wet snow. Then repack, and stand aside for two hours to harden and ripen. A much longer time is required to freeze water ice than ice cream. If you wish to make a sherbet, instead of a water ice, proceed exactly the same until you put it into the freezer; then turn the dasher rapidly and steadily until it is frozen. Then remove the dasher, and stir in the white of one egg, beaten light, with a tablespoonful of powdered sugar. Repack, and stand aside as for water ice.—*Table Talk.*

Comedones in Children.

A peculiar eruption of comedones in children appears first on the forehead close to the hairy scalp. The whole forehead may be covered. The outline of the areas involved is usually sharply defined, and almost every follicle over the area involved is blocked. Frequently an acne results, its intensity depending upon the nutrition of the children.

The disease is more common in crowded parts of towns, and frequently several cases occur in the same family.

The greatest frequency was between the fifth and seventh years. Although the writer is able to present no statistics upon the point, he states it as his impression that the disease is much more common in the spring months; some children having attacks every spring. Their development is usually gradual, but they sometimes come quickly, and disappear almost as suddenly.

It is not associated with any ill-health. There was subsequent return of the symptoms, and death in February from asphyxia.

The etiology is obscure; but the writer is inclined to its parasitic origin. Masses of spores were found at the distal end of comedones from one case which closely resembled trichophyton.

The treatment is simple: to remove the plugs by the use of alkaline and stimulating applications, and thorough shampooing. This will also prevent their recurrence.—*Dr. T. Colcott Fox.*

The Action of Chloroform.

The result of the investigations of the Hyderabad Commission on Chloroform may be thus summarized:

1. Death from chloroform occurs by failure of respiration, and this is probably the most frequent mode of death.

2. Chloroform causes a gradual fall in the blood pressure as registered by kymographic tracings from the carotid artery. This is the normal effect of chloroform.

3. When chloroform is pushed this gradual fall may be so great as to become in itself "dangerous." This is admitted in paragraph 8 of the Hyderabad Report, where they state that after an animal has been involuntarily holding its breath "the gasping respiration which succeeds then causes very rapid inhalation of chlorform, with immediate insensibility and a rapid fall of blood pressure, *which quickly becomes dangerous.*"

4. In addition to this, which may be called the normal effect of chloroform on the heart and blood pressure, peculiarly sudden and unexpected falls of pressure were observed with slowing of the heart. The Hyderabad Commission ascribed it to asphyxia. Whatever be the explanation, the occurrence is in itself sufficiently serious, and should not be minimized as forming one of the sources of danger in the administration of chloroform.—*Brit. Med. Jour.*

The Perfect Dressing.

The worst type of dressing is represented by vaseline or oil spread upon lint or upon any textile fabric, because the oleaginous material mingles with exuded lymph and serum and prevents organization, and because new epithelial and connective tissue cells become entangled in the fabric. This type of dressing is also bad because there is nothing in its make-up to prevent decomposition of the exudates that nature intends to use for purposes of repair.

There are only two types of perfect dressing. One of these is represented by an iodoform covering for small wounds. The iodoform forms with lymph a thin, firm coagulum that is not readily penetrated by microörganisms, and even when a few are at work beneath it, the ptomaines which they produce are neutralized by the iodoform.

The best dressing is composed as follows: First a strip of sterilized Lister's protective oiled silk which is just large enough to cover the wound or the line of sutures. There is nothing that will take the place of Lister's protective. Gutta-percha tissue will not answer, because it is absolutely waterproof and the skin beneath it becomes somewhat sodden. Spun glass is as objectionable as gauze or cotton or textile fabrics, because it entangles new epithelial and connective tissue cells. It is almost impossible to obtain repair by the beautiful process of clot replacement, if we cover clot with anything but Lister's protective. And in skin grafting we can use it to such advantage that it seems as though the failure with other dressings must be more frequent than they are. Under the smooth and slightly porous Lister's protective, epithelial cells shoot along over the surface of the wound unimpeded, and granulations in open wounds carry on the process of repair without the formation of pus under permanent antiseptic dressings.

Over the Lister's protective we need a thick layer of absorbent gauze or cotton to draw away serum from the wound, and to dry it so that it is not a fit food for microörganisms.—*Dr. R. T. Morris.*

A Fatal Case of Carbolic-Acid Poisoning.

On July 25, 1889, at the noon hour, a child seven months old received a superficial burn on the left arm and thigh from a cup of hot coffee. A mixture, consisting of equal parts of carbolic acid and sweet oil, was applied by the mother, being a recipe taken from a domestic medical book in her possession. About half an ounce of 95-per cent. carbolic acid was thus used. In two hours the child passed into a condition of stupor, which, continuing, alarmed the family, and I was summoned.

Arriving at 7 P. M., I found the child lying quietly, with the exception of an occasional movement, made by flexing the legs upon the thighs and these upon the abdomen, and then forcibly extending them. The eyes were fixed, the pupils contracted to the size of a pin's head, the pulse 120, weak, breathing irregular, occasionally sighing, swallowing performed with great difficulty, mucus expectorated rather than vomited, the odor of carbolic acid being plainly perceptible in the breath.

Not having Atropine with me, I administered four minims of the fluid extract of Belladonna by the mouth, a portion of it being rejected. At the end of an hour the pupils had begun to dilate, a slight blush was barely perceptible, and swallowing less difficult. A small quantity of whisky was then given with two minims of Belladonna.

At the end of another hour the pupils were normal, the erythematous blush quite perceptible, swallowing somewhat improved, pulse and respiration the same. Learning that no urine had been passed since noon, and not desiring to substitute Belladonna for carbolic-acid poisoning, I discontinued the former and ordered small doses of Nitrate of potassium and whisky to be given at intervals during the night.

At eight o'clock next morning the pulse was 160, weaker, temperature 103° F., face blanched, pupils larger than normal, eyes fixed, the child lying quietly. The mother showed me a napkin with a dense smoky stain, three of which had been removed during the night, adding that the stains would not wash out. The child continued to grow weaker, the pulse rising higher, until convulsions set in at five o'clock, and death occurred an hour later — thirty hours from the application of the acid.—*Dr. S. F. Richman.*

The Danger in Hare-Lip Operations, and the Causes of the High Mortality which follows such Operations.

Hare-lip operations are more dangerous and the percentage of mortality is higher after them than after the so-called *major* operations. The factors which are concerned with success in an operation are not accurate apposition of the edges of the wound, economical use of the soft parts, and avoidance of tension, but the increased chances for the continuance of life. Experience has shown that there is no particular danger of sepsis in these operations, nor can hemorrhage be considered the cause of the great mortality, for then death would occur shortly after their performance, which is not usually the case. In the majority of cases death comes in connection with collapse, with disorders of nutrition. The cause of this may be that by removing the defect the common entrance to the respiratory and digestive tracts experiences such a change in form and function, especially in complicated hare-lips, that a detriment results to the conditions of nutrition, and a change in the manner in which respiration is accomplished. It is not probable that interference with the respiration is in all cases the only or the chief cause of death, as there are several factors operating simultaneously in the matter, — the tender age with its slight resisting power, general weakness, antecedent disturbances of nutrition, diseases of respiration, the depressing influence of a protracted operation with its accompanying pain if an anæsthetic is not used, loss of blood, choking from swallowed blood, the effect of anæsthesia if that is employed, the tension of the wound especially when the child cries, disturbed sleep, and excitement. All the functions which, like respiration, can be controlled by the will, but other respects are involuntary, must necessitate a certain customary way of using the organs, and if there is a sudden disturbance in the customary conditions, a certain degree of intelligence is necessary that one may accommodate himself to the new conditions. The author thinks, therefore, that complicated hare-lip should not be repaired until a child is at least a year old, and that even uncomplicated cases should not be operated upon during the first months of life.—*Dr. Tandberg in Jahrb. fur Kinderh.*

Habits of Children.

A discreet medical man writing for an exchange, dwells upon the value of putting children early to bed, and having them rise soon after they wake. The morning sun is most essential to plant life. It is equally true that the morning sun is most valuable for animal vigor and this includes human beings.

Again this writer opposes study late in the afternoon, and much more in the evening, for young children; and emphasizes, by a striking illustration, the advantages of play for children, instead of straining their little brains. He also expresses what we regard as a wise disapproval of putting children to bed immediately after supper. Let them, he says, have chance for light exercise and sport after the meals. Above all, he deprecates the stormy season which often follows supper, when the parents wish a child to go to bed and the child does not want to. We appreciate, of course, the advantages of discipline and regular habits: but we agree with the writer referred to in deprecating the practice of forcing the child to bed immediately after the last meal of the day.

One more point which we would refer to in this interesting article is that each child should, if possible, have a bed to itself. For physical and moral reasons we believe this to be desirable; and we share the writer's convictions that the habit of sleeping alone is one which is advantageous to adults also.

Inflammation of the Seminal Vesicles.

Primary acute inflammations of the seminal vesicles are very rare: the affections are mostly of secondary nature. Among the causes are acute and chronic gonorrhœa, stricture of the urethra, tuberculosis of the prostate and bladder, maligant tumors, infiltration of urine, and pyæmic and septicæmic processes. In gonorrhœa, spermatocystitis is of much more seldom occurrence than inflammation of the neighboring parts; it occurs in acute gonorrhœa of the posterior urethra, or in acute exacerbation of chronic gonorrhœa. Its symptoms are fever, spasmodic pains, extending from the perinæum to the urethra and bladder, painful urination, and painful erections. During the violence of the spasmodic pain a contraction of the perineal muscles takes place, expelling a thick, cloudy fluid, consisting of spermatozoa, pus-corpuscles, and epithelial cells. Examination per rectum reveals a painful swelling of the organs. All of the symptoms given are more certain indications of the existence of the trouble when at the same time an epididymitis is present. The prognosis is favorable; in severe cases the discharge may be mixed with blood. The treatment consists in long abstinence from sexual intercourse, cold applications to the perinæum, and the use of laxative medicine. In the most severe cases suppuration of the seminal vesicle results, implicating the prostate and the ampulla of the vas deferens; general infection may result.—*Dr. M. Horwitz, in Wiener Med. Presse.*

A Method of Artificial Infant Feeding.

The human infant is an object of great solicitude. Every baby born has that interest centred upon him as though he were the first and last of his kind. He is a very dependent thing. Prior to birth he is part of another anatomy and derives his nutrition from the general supply. Subsequently, when he attempts a separate existence, he is apt to find himself the prey of innumerable and unpronounceable bacteria, and the target of domestic ignorance and commercial enterprise in the way of food.

As soon as the child severs its uterine connection it naturally establishes mammary union, and, under normal conditions, upon that monotonous supply it depends and thrives.

It is wholly unnecessary to state that indigestion and diarrhœa in children are serious matters, and to quote statistics in proof. All of this is perfectly well known, and the repetition of it need no longer serve to pad a paper on the subject. What we now want is the result of practical clinical experience and methods of cure. I strongly favor common-sense measures against theoretical procedures based upon the microscopic examination of fæces and bacterial cultures. As far as I am informed, these latter have as yet added very little to our therapeutics as applied to internal medicine.

When it becomes necessary to resort to artificial alimentation in infants we must concoct a food which shall be nutritious, is easy to prepare, and whose physical and chemical characters shall be adapted to the delicate conditions which it has to meet. Cow's-milk, of course, is our mainstay; it ever has been and now is. There is every reason why it should be. The only trouble with cow's-milk is the fact that it is designed for a more perfect animal than a baby. The calf is born with far greater physical development than the human offspring.

All are agreed that the important difference between cow's and human milk is the excess of casein that it (the former) contains, and that it forms a too firm and insoluble clot. Hence the various devices designed to modify the solidity of the casein clot, and to adapt cow's-milk to the delicate requirements of infants and invalids. I am quite familiar with the methods generally in use for this purpose, but have now come almost exclusively to employ that which it is the object of this brief paper to describe. It is as follows:

Put four tablespoonfuls of rice into three pints of water, and boil half an hour; then set aside on back of range to simmer during the day, water being occasionally added by the cook to maintain the original three pints. At night strain through a colander and place on ice. When cold a paste is formed. Three tablespoonfuls of this paste are added to each nursing-bottle (half pint) of milk, and fed during the next day, a fresh supply of rice-paste being under way in the meantime. Should there be constipation, I use farina, prepared in same way, and used in the same proportion. Rice is astringent, farina laxative.

From a series of careful experiments with these pastes I am convinced that the hydrated starch granules interpose themselves between the particles of casein, and prevent the formation of solid clots. By this process we do not dilute the cow's-milk, but on the other hand, soften it, and add a constitutent, carbohydrate, in which, compared with mother's-milk, it is weak. No fear may be had but that starch thus treated and administered will be digested by a child of three, or even two months. My success with this preparation has been such that I offer it to the profession with great confidence.—*Dr. Geo. B. Fowler, in Medical Record.*

Intussusception in a Child Three Years of Age Successfully Treated by Rectal Injections.

The patient complained of pain near the umbilicus, which constantly increased in severity, and was paroxysmal. He passed a little blood and slime from time to time, but no fæces. To the left of the umbilicus a very marked fulness could be seen, the lower part of which was dull and rather firm, while the upper part was tympanitic. The intussusception was reduced by inverting the boy and injecting into his rectum, by means of a Davidson's syringe, one and a half pints of luke-warm water, at the same time trying to press back the tumor from the outside. He made a complete recovery.—*Boston M. and S. Jour.*

Case of Empyema.

A case is reported by Dr. Francis Huber of a boy whom he first saw in July, 1887, when there was a deep-seated cellulitis of the left side of the neck. He was not given permission to open this sufficiently early, and in the meantime the boy had a convulsion with a temperature of 106° F. An incision into the tumor was then made, allowing a considerable quantity of dirty, grumous purulent matter, admixed with air, to escape. A large drainage-tube was inserted, and the cavity washed out. The temperature persisted, dyspnœa continued, and three days later he detected a pleural effusion on the left side. An opening was made into the pleural cavity, and fluid injected here escaped through the opening above. The temperature still persisting, the upper wound was enlarged, so as to explore the anterior mediastinal space, where a large abscess was accidentally entered. The boy rallied well from the shock, passed through an attack of gastro-intestinal catarrh, was able to be about, but the opening above and below posteriorly remained. Eleven months later two ribs were resected, with the hope that the cavity would contract. The posterior wound healed within three weeks, but subsequently a large swelling reappeared superiorly, and when this was opened an abundance of very offensive pus escaped. A large sound was introduced from above and made to appear posteriorly, and a drain of iodoform gauze passed from one opening to the other, but the sinus still persisted, and two months ago a severe pneumonia of the left side developed, with the result of closure of the openings and entire disappearance of the sinus. The general condition was now very good, and, as stated, there was no discharge. The point of special interest was the existence of a sinus during two years, which refused to heal under resection of the ribs, and various injections, but finally closed during an attack of pneumonia.

Dr. Abbe thought the explanation of the healing of the sinus during the pneumonia was the enforced decubitus and rest from solidification of the lung, and the reparative action in the sinus excited by inflammation in a neighboring organ.—*Archives of Pediatrics.*

Cure of Fistula in Ano Without the Knife.

A prompt and successful result, in several cases of anal fistula treated by injection of iodine, has induced me to call renewed attention to this subject. While disclaiming, of course, any originality for this *plan* of treatment, the *manner* in which I have employed it is perhaps somewhat new. At all events, it has thus far been entirely and permanently successful in my hands; and the suggestions of M. Henry, assistant to M. Bonnafont, as long ago as 1858, on this subject, seem to me to have met with undeserved neglect.

The iodine should be employed in the form of a *saturated ethereal* tincture. Its advantages over the officinal or alcoholic tincture are obvious. It is not only *stronger*, and thereby excites inflammatory adhesion in the walls of the tube, but the ether evaporates almost momentarily, and a pure coating of iodine is left along the fistulous track, which doubtless encourages absorption.

The instrument I have used is an ordinary hypodermic syringe, with small silver canula, which may be readily bent to correspond with the direction of the sinus, and the mode of operation is as follows:

After exploring the fistula with a *very small* probe (the ordinary probe of the pocket case is far too large), after determining its course and extent, the patient is to be placed in a good light and a glass rectal speculum introduced, with its fenestrum opposite the internal orifice of the fistula. The canula is now bent to the required curvature and introduced, when the syringe, filled with tepid water, is screwed on, and the surface thoroughly cleansed of all extraneous matter. This step is not only essential, but serves to allay timidity, or dread of the subsequent operation. Next, by pressure, the fistula in its whole extent should be dried out, and the iodine will thus come in direct contact with its walls. Introduce now into the speculum a quantity of absorbent cotton. This will absorb any of the iodine which might otherwise be injected *through*

and injure the mucous membrane, and by its characteristic stain will serve to show the completeness both of the fistula and of the operation. The canula may now be re-inserted and the injection made. It should be done *slowly*, and at the same time the canula gradually withdrawn. Every part of the surface will thereby be reached.

The operation, which is not very painful, should be premised with a cathartic and followed with a full anodyne, as ordinarily with the time-honored knife method. Ths patient need not be confined to his bed, or to his room, even for an hour.

Thus far I have performed this operation four times, and, as remarked above, with immediate and complete success. The patients were, all but one, below thirty years old. One was tuberculous, but no appreciable injury accrued from thus checking what we were once told is in phthisis a conservative drain. In my first case, a clerk, æt. 23, there was a dense and almost cartilaginous state of the fistulous wall, and the injection had to be repeated; but in the other one "sitting" alone was called for.—*Dr. J. C. Pike, in Mass. Med. Jour.*

Peroxide of Hydrogen.

The use of this agent in therapeutics by the profession in general has been limited, and the opinion expressed by many concerning its value has been uncertain, or certainly not laudatory. My own experience has convinced me that it is an agent of great value, hence this short communication. I was induced to use peroxide of hydrogen through the recommendation of an aurist who had employed it to cleanse the auditory canal. The first case in which I used it was one of syphilitic rupia. When first seen, the patient, a woman, was covered with sores and crusts, literally from the crown of her head to the soles of her feet. The physician preceding me—the eighth in attendance on the case—had used ointments as an external application. As a result, the woman was greasy from head to foot, her clothing and the bed being in like condition. It was during the heated term, and swarming flies completed as wretched a picture as I ever beheld. I was told that the patient could not be made to eat. And I could not wonder. Daily ablutions, with use of diluted peroxide of hydrogen, to clean the sores and to disintegrate the crusts, together with the application of subnitrate of bismuth as a drying powder, soon changed all this and the patient felt clean once more. This I am satisfied saved her life—she was at death's door—as the internal treatment employed by myself was doubtless the same as given by my predecessors. The sores healed kindly under this treatment with internal administration of ninety grains of Iodide of potassium daily.

Since that time I have used freely the peroxide of hydrogen as a cleansing agent. I was especially pleased with its action in a case of fæcal fistula, following the removal of a dermoid cyst of the ovary. This fistula was probably caused by the hair from the dermoid cyst having grown into the bowel. No fæcal odor was noticed during the operation, but it appeared in the drainage-tube two days later. The amount of fæcal discharge was small, but it, of course, infected the drainage-tube tract and excited pelvic peritonitis. The abdominal wall about the incision became brawny and slight sloughing resulted. The discharge was removed from the tube with cotton, on the cotton forceps, and the tube and incision were cleaned with dilute peroxide of hydrogen several times daily. The patient—who was a brave girl—remarked that she had a soda fountain inside her. And it was indeed remarkable to see the disintegrated discharge bubble out of the drainage-tube and incision. Corrosive sublimate solution was also used sparingly. By keeping the parts clean in this way, the fæcal fistula closed after three weeks, and the incision healed excepting at the site of the drainage-tube. The sinus remaining gives no trouble and is fast closing up.

The peroxide has been equally satisfactory in disintegrating the pus in a number of cases of abscesses. No one can appreciate the difference in the cleanliness obtained by washing an abscess with water and that by the peroxide. I have recently used it to irrigate a pleural sac, after evacuating a pyo-pneumo-thorax by a free incision. In three days the stench from the discharge in this case was entirely controlled.

The peroxide had been used pure and dilute—as dilute as one part to six. I feel sure that the peroxide has a wide field of usefulness before it. As a harmless and efficient cleansing agent I know nothing to equal it.—*Dr. C. P. Noble, in Medical and Surgical Reporter.*

The aorta in Pott's disease has been found to take on a side displacement as well as a forward curvature. The autopsy disclosed it to be firmly adherent either with the walls of a pervertebral abscess or with inflammatory tissue. An abdominal aortic murmur can in some cases be heard in the region of the navel. The heart is frequently dilated and hypertrophied.

Hemorrhoids During Pregnancy.

He showed a case of a woman, who up to that confinement, had had no varicose veins or hemorrhoids, but on this occasion a large hemorrhoidal tumor persisted after the expulsion of the fœtus. The next day the patient was very ill with pain, that had prevented her sleeping all the night before, and, on examination, there was seen a mass of piles as large as a small orange. A pomade of vaseline and cocaine (one to twenty) was ordered to be applied, and a purgative (sulphate of sodium) was given, but the next day the patient was as bad as ever. Reduction was then made under the influence of a few inhalations of chloroform; all pain seemed to leave the patient at once, and, the sphincter ceasing to contract, the tumor disappeared very rapidly under slight pressure. Afterward a cotton tampon, covered with vaseline and iodoform, was applied, and the case ended satisfactorily. The important fact brought out by this observation is that there is a complete analgesia in painful piles under extremely small doses of chloroform. The patient was conscious all the time, and felt no pain during the reduction. Hemorrhoids have been considered frequent during pregnancy by some authors, while others deny their presence; it is probable that this divergence of opinion arises from the class of patients under observation. M. Budin found only eighteen cases in some three hundred women at the Maternity, but in private practice the number is much greater, owing, no doubt to the fact that the hygienic conditions are different. The better class of people follow a sedentary course of life during pregnancy, at least in the last months, and they also partake of a rich form of alimentation, so that there is a predisposition in their cases that does not exist in the laboring classes who are confined in the hospitals. The direct cause of hemorrhoids exists in the increase of volume of the uterus, which acts by compression of the rectal veins; besides this, there is a vascular tension in the organs of the pelvic region which is much increased during pregnancy, and the anorectal veins permit of easy dilatation through this extra fluxion.

Constipation then is also usual, and the consequent distension of the rectal ampulla irritates the mucous membrane and causes increased effort during defecation. As to the symptoms and complications they are the same as in any hemorrhoidal cases, and the diagnosis of vegetations is not difficult, owing to the bright-red color of the latter. It is essential to remember that hemorrhage may occur from internal piles during pregnancy, and to mistake it for some other and more serious bleeding. M. Budin gives Storer's method of turning the rectal mucous membrane inside out in such cases, and it is the nost certain way of avoiding a mistake in diagnosis. It is practiced as follows: The index finger is passed into the vagina along the posterior wall, and when it has gone beyond the anal sphincter it is turned forward, like a hook, and continuous pressure is made from above downward on the rectal membrane until it is turned inside out and appears at the anus little by little; then, if there is an internal pile, a smaller or larger black tumor will be seen on the membrane. (It need hardly be said that the finger nail must be cut close before doing the operation.) As to treatment, one should not fear to purge pregnant women and to advise moderate exercise and baths; but there is a difference of opinion as to the kind of evacuant to be used. Tarnier and others think well of castor-oil, but Fordyce Barker accuses it of causing irritation of the rectum and congestion of the pelvic organs. M. Budin finds that sulphate of sodium (in three to six-drachm doses) acts very well. Leeches are not applied now to hemorrhoids, as it is feared that they may open the door of infection. All such patients should use lotions of water for cleanliness, as the use of paper after defecation may bring about hemorrhage by rubbing too hard and irritating the piles. This small hygienic point is well known by the natives of India, who go out into the fields and proceed after the directions of that great hygienist Moses, who instructed his people to go into the fields, dig a hole, and after covering it over, to wash the part. The Indian natives can be seen to this day carrying a small bowl of water with them on such occasions.—*Archives of Gynecology.*

At the end of the seventh week of pregnancy you can detect an enlargement of the body of the uterus and a "bellying" of the anterior and posterior walls of that organ. This is known as "Hegar's sign," but cannot be depended upon in every case, as it is not infrequently absent altogether. With regard to discoloration of vagina, we never get that before the ninth week; in fact is not well marked till well toward fourth month of pregnancy.—*Dr. H. Marion Sims.*

WORTH KNOWING.

Remember that if you wish to wash out the deep portion of the urethra you should not thrust the catheter or any other instrument into the bladder, but between the two sphincters, that is, between the compressor urethræ and sphincter vesicæ.

I may briefly state in one sentence all the treatment I can recommend for intestinal obstruction: Absolute abstinence from food; induce peristaltic action from below; still it from above; and, above all, avoid purgative medicines. Further, I know nothing to add.—*Nothnagel.*

By the light of bacteriological investigation, the problems of ventilation assume a new form, and in the ventilation of rooms we shall soon need to ask whether the greater danger lurks in the so-called impure air of such rooms, or in the germ-laden outside atmosphere which we admit as "pure."

The good results of the Hot Springs' treatment for syphilis, is chiefly due to the change of air and scene, the freedom from business cares, and the fact that the patient makes it his business to pursue a methodic treatment. All these conditions exert a favorable influence and energize the process of cure.—*Dr. Morrow.*

The most certain and most important of all the preventives of flooding is the steady pressure of the trained obstetric hand above the fundus uteri as the child emerges from the vulva. Nor should this pressure be relaxed for a moment until the completion of the third stage and the subsequent permanent contraction of the uterus is secured.—*Dr. Schmidt.*

Careful examination of children who have died of marasmus, in many cases, shows the bacilli tuberculosis in the absorbents leading from the intestine and in the mesenteric glands, and in no other part of body. This shows conclusively that the milk furnished these children after weaning was the cause of their death.—*Dr. J. G. Johnson.*

Sarcoma sometimes locates itself in the integument primarily. The new formation terminates in ulceration. In a certain proportion of cases, also, the neoplasms and resultant ulcers are more or less numerous and scattered in different situations. But a multiple development of sarcoma is almost invariably accompanied by pigmentation. The tumors are darkly colored in brown, blue, or black. They usually begin upon the hands, feet, or the genitalia.—*Dr. J. V. Shoemaker.*

Boracic acid used in the form of the impalpable powder, is a very efficient remedy in vaginal leucorrhœa. It has the advantage that it can be used with freedom without fear of toxæmia. Previous to its application the patient should cleanse the vagina by means of the douche. The perinæum is retracted by Sims' speculum, any discharge which may remain is removed by cotton-armed forceps, and the fornices and intra-vaginal portion of the cervix covered with powder thrown from a powder blower. A cotton tampon retains the powder for twenty-four or forty-eight hours, after which it is withdrawn and the douche repeated. A liberal amount of the pulverized acid is used and the treatment repeated at intervals of two to four days.

Intelligent treatment of leucorrhœa necessitates the determination of the exact seat of the discharge. It may arise either from a vulvitis, vaginitis, endocervitis, endometritis or salpingitis; or it may have its origin in an ulcerative carcinoma, or a pelvic abscess discharging through one or more small vaginal perforations. Treatment that would readily control a vulvar or vaginal catarrh would have very little effect upon a discharge due to any of the remaining causes. Yet it frequently happens that a patient is douched or dosed for weeks with various drugs, to no effect, because the seat and cause of her affection has not been learned. A careful questioning as to the character of the discharge will occasionally indicate its sources with sufficient accuracy. But in the majority of chronic cases a specular and ocular examination is necessary for a clear diagnosis and intelligent treatment.

From the figures that have been presented, it seems fair to conclude that the preventive treatment of hip abscesses is an exceedingly important matter, and that by the confinement of the patient to bed when symptoms of deformity or joint tenderness arise, under efficient treatment the abscesses may be averted in a large proportion of all the cases. But when this smaller proportion of the abscesses has occurred in them, the mortality per cent. is exceedingly high and the prognostic outlook much more serious than in suppurating hip-disease in general. Operation does not seem to be attended with the risk of septicæmia, nor does it prevent the occurrence of tubercular meningitis or amyloid degeneration; and, finally, it may be stated that thorough operation is followed, in a fair proportion of all cases, by the speedy closure of the abscesses, a closure which remains permanent.—*Boston Med. and Surg. Journal.*

Curetting and écuvillonage combined constitute an inoffensive operative procedure if strict antiseptic precautions are observed before, during and after the operation. The author's experience of seventy cases has been unattended with accidents due to the surgical measures. The operation may be performed by any general practitioner of moderate skill. Recent circumuterine inflammation contra-indicates its performance. In sixty of the cases the morbid condition was a result of labor or abortion, in four there was gonorrhœa, and in six interstitial fibroma or cancer. Of the gonorrhœal cases, two were complicated by oöphoro-salpingitis. As a means of diagnosis, curetting has been shown to be of great value. In fifty-five cases the operation resulted in a cure, and was followed by pregnancy in six in which sterility had previously existed. Perimetritis followed two of the operations. In two of the cancer cases, the patients have remained in fair health for two or three years, the curetting being performed at suitable intervals. In the case of interstitial fibroma hemorrhage recurred within a short time after the curetting.—*Dr. Sabail, in Jour. de Med.*

Two conditions are essential to the production of septic pelvic peritonitis: A local lesion of the genital tract, and its infection. Parturition and operative procedure are two important factors in the fulfilment of these conditions. The greater number of cases and the more serious cases occur after parturition. But in operative procedure, however apparently trivial in character, we have a factor the significance of which is apt to be overlooked. The unskilful use of the sound may produce a lesion of the mucous membrane, or even of the muscular tissue — as in the so-called catheterization of the tubes — and, at the same time, if the instrument is unclean in the surgical sense, may infect the wound. The danger of the infection of a wound-surface is obviously greater in curettement. Emmet's operation upon the vaginal portion, as it is usually performed in our country with insufficient antiseptic precautions, frequently stands in a causal relation to septic pelvic peritonitis. In the event of infection of some local lesion in the genital tract the inflammation reaches the peritoneum by continuity of tissue through the uterus and tubes, or the microbes penetrate the pelvic connective-tissue and lymph spaces and gain access to the serosa through the lymphatics—*Dr. Jaggard.*

Paroxysms of whooping-cough have an especial tendency to occur at particular hours of the night, these hours corresponding somewhat closely to the times at which sleep has been demonstrated by experiment to be most profound. The state of the respiratory centre at these times is in a condition most favorable for the production of excited, explosive or spasmodic respiratory action, according to the condition of the nervous system induced by pertussis, making allowance in all cases for idiosyncrasy. It is suggested that such remedies be employed, that while tending to reduce the hyperæsthetic conditions of the terminal filaments of the pneumogastric in the bronchial mucous membrane, which is the chief cause in producing the paroxysm, we do not so influence the centre as to make it unable to appreciate the call of the organism for air, and thus allow our patients to die of asphyxia.

Sub-glandular abscess, i. e., an abscess developing in the cellular tissue lying between the mammary gland and the great pectoral muscle, is the least frequent of the three varieties of pus collections following mastitis. When such an abscess exists the whole gland is pushed prominently forward, but preserves its normal outline. No nodules are felt as in the glandular inflammation, but the gland imparts to the hand a feeling as if it rode upon an elastic body, or as Lusk says, "as if it rested upon a waterbed." The pain experienced is deep-seated and the axillary gland will be found enlarged. Movement of the muscles of the chest and arm induces pain. The febrile action is generally high. Fluctuation is detected only late in its course and when the pus has approached the skin at the inferior edge of the breast. Its presence is confirmed by raising the gland from the chest wall and inserting an aspirator-needle between it and the subjacent muscles. It is the tendency of such an abscess to point at the inferior and external border of the gland, and here the incision should be made for its evacuation. If need be a counter-opening is made to insure perfect drainage. Compression of the breast is contra-indicated in this vicinity previous to evacuation, as its employment readily induces pointing elsewhere than the lower outer border, which is the most favorable for drainage. After evacuation and the insertion of a drainage-tube, firm pressure by bandage or adhesive strips facilitates obliteration of the cavity. The presence of pus always indicates incision. Waiting for the abscess to point is a pernicious treatment.

CORRESPONDENCE.

Medical Legislation.

Tacoma, Washington, June 24, 1890.

To the Medical Era:

It looks as if we have scored a victory. When the appointments were made by the Governor on the State Board of Examiners, he endeavored to be nothing but fair, and appoint three homœopaths, three allopaths, two eclectics and one physio-medic. This of course was not satisfactory to our friends of the other camp, and immediately remonstrances arose, but to no purpose; but the bitterest of all was the appointment of Dr. C. Munson, a homœopath of this city, to the presidency of the board. This resulted in the resignation of an aspirant to the position by a member of the old school, who stated "he wanted nothing to do with such a combination."

It is not known if the Governor will make any further appointment to the vacancy this term.

We tried hard against the bitterest opposition, and underhand machinations of our opponents to get separate boards, but failed. We will try again sometime.

Our state society is in good working order and everything is harmonious.

F. W. Southworth, M.D.

P. S., June 25. This morning's paper states that Dr. Jno. W. Bean, of Ellensburgh, has been appointed to succeed Dr. Ostrander, resigned.

F. W. S.

Resolution of the O. C. H. S.

Syracuse, N. Y., July 1st, 1890.

Whereas, We, the members of the Onondaga County Homœopathic Society, understand the great importance of the Medical Examiners' Bill, recently made a law by the handsome majority in both legislative halls, of 150 to 10, and by the Executive signature, extending as it does to all schools equal privileges, and exacting equal responsibilities, and tending to promote the best interests of a higher medical education, and appreciating most thoroughly the confidence shown the homœopathic school of medicine by our law-makers, in reporting so favorably upon this bill, when fiercely opposed by the combined forces of the allopathic school, and grateful especially to the indefatigable labors of the Committee on Legislation of the New York State Homœopathic Medical Society, be it herewith unanimously

Resolved, That our thanks are due the Governor of New York State, and the legislators, in this our triumphant effort to secure for each school a standing based upon merit alone; be it

Resolved, That as we can in no more proper manner show our appreciation of this victory, true to the American spirit of "*civil rights, fair play* and *home rule*;" be it furthermore

Resolved, That these resolutions be published in all of our daily papers, and that copies suitably prepared be sent to the Governor, to each legislator whose assistance was given us, and to each member of our State Legislative Committee.

E. Elmer Keeler, M.D., *Secretary*.

The faulty construction of our educational institutions is to be blamed for many cases of ametropia, but it will be seen that it is principally due to the better facilities we have for discovering and correcting errors of refraction and accommodation, that so many persons wear glasses. Now that we understand these affections, we can give better advice, and persons afflicted with these errors are only too glad to take advantage of the relief offered by properly selected glasses.—*Dr. Wolfner.*

We are not yet acquainted with the more occult causes of sterility. He is certainly a careless gynecologist, who, in finding a moderate degree of anteflexion with small os externum, at once infers that he has arrived at the solution of the difficulty and can remove it by simple dilatation. We all know that many patients with this condition do conceive after having been pronounced sterile. The spermatozoa may enter the uterus, even through a very narrow channel. Again, those who have had unusual opportunities for observation in the dead-house will tell you that in the bodies of women, whose uteri are to all intents perfectly normal, there are often found circumscribed adhesions around the ovaries and tubes and constriction and occlusion of the latter which are sufficient to prevent the passage of the ova into the uterus, and hence cause incurable sterility. Now these conditions lie practically beyond the ken of the most skilful diagnostician. When we consider the frequency of the actual disease of the adnexa, by which, as Mr. Tait aptly expresses it, the patient is "already unsexed" before the organs are removed, we begin to understand that stenosis and anteflexion constitute but a small proportion of the causes of sterility on the part of the female.—*Dr. H. C. Coe.*

MISCELLANY.

J. B. Lippincott Company announce in press an important work on "Regional Anatomy in its relation to Medicine and Surgery," by George MacLallan, M.D., Lecturer on Descriptive and Regional Anatomy at the Pennsylvania School of Anatomy.

It will contain 100 full-page fac-simile illustrations reproduced from photographs taken by the author of his own dissections, expressly designed and restored for this work, and colored by him after nature. To be complete in two volumes of about 250 pages each, large quarto. The object of the work is to convey a practical knowledge of regional anatomy of the entire body. The text to embrace, besides a clear description of the part in systematic order, the most recent and reliable information regarding anatomy in its medical and surgical relations.. The illustrations are intended to verify the text and to bring before the reader the parts under consideration in as realistic a manner as possible. Vol. I. will be ready for publication about December 9th, and the second volume is expected to appear shorty thereafter.

The work will be sold by subscription only. Salesmen will begin the active canvass the coming October.

I think that as time goes on I see less use for drainage tubes. When I first commenced to employ this treatment I used a drain wherever I had a chance. There might have been some fluid, and probably was some fluid blood running during the first twenty-four hours, but afterwards it was coagulated; after the primary dressing of the wound I never washed it out, and in three or four days removed the tube with the clot in it, and have never seen any reason to change that practice. I believe that drainage tubes are more used than is necessary, and that if we succeed with our antisepsis and apply proper pressure we need not be afraid of any accumulation of fluid in a wound. I have also seen that if, in a soft cavity there has been a serous accumulation, because proper pressure has not been applied, such accumulation gives rise to no serious inconvenience, and when evacuated the walls of the cavity collapse and unite without further discharge. I would therefore think that, instead of endeavoring to put in all the drainage tubes possible, I would limit them as a matter of convenience. The tube does no harm if properly used, but I think it is, as usually applied, unnecessary.—*Dr. J. J. Buchanan.*

Office of Minneapolis Base-Ball Association.
To Messrs. Boericke and Tafel:

In my fifteen years as a professional athlete and trainer, I have accomplished some of the best records in the world, and have trained those who now hold the world's records on bicycles, namely: H. G. Crocker, ¼-mile, 35 4-5 seconds; also 7, 8 and 9-mile records; W. F. Knapp, 50-mile record, 2h. 29m. 44 2-5s.; F. E. Dingley, 100 miles, 5h. 38m. 44 1-5s.; 305½ miles, 24h. on indoor track; S. G. Whittaker, 323 miles, 24 hours, on public roads; H. G. Crocker, 6 days, 4 hours per day, 404 miles; W. J. Morgan, 6 days, 8 hours per day, 742 miles; John S. Prince, 6 days, 12 hours per day, 1,042 miles; Albert Schock, 6 days and nights, 1,405 miles; and this spring at Minneapolis, have taken charge of the pitchers and catchers of that team, who were troubled with sore muscles, and with the use of *Arnica Oil* have brought them all out in good condition, and with all my experience with different liniments I have not found one that has the quality of taking out the soreness and leaving the muscles as elastic as the *Arnica Oil*. It leaves the skin pliable and does not make the skin rough and chappy like other liniments, and I would recommend it to all bicycle riders, ball players and athletes in general, as a good thing should be appreciated by all.

Yours very truly,
T. W. Eck.

Minneapolis, June 4, 1890.

Two Interesting New Drugs.—Among new drugs recently investigated are two of much promise, Cocillana and Naregamia Alata. The evidence thus far obtained from clinical experience would indicate that these remedies are likely to prove an important addition to the expectorants and respiratory stimulants now employed. In the spasmodic cough of acute bronchitis, in the hacking cough of phthisis, and wherever there is marked interference with the respiratory function through accumulation of secretion of the imflamed membranes, these remedies are likely to prove efficient. Parke, Davis & Co., who have introduced these remedies, offer samples of them to physicians desiring to test them clinically, also reprints of articles concerning them, free of charge.

Pain caused by disease of the uterus or ovaries is not necessarily relieved by removal of the offending organ.—*Dr. Englemann.*

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PERSONALS.

DR. G. F. SHEARS is at Scarboro, Maine.

DR. JAS. E. GROSS is at Bucksport, Maine.

DR. S. S. LEAVITT is spending the summer in Europe.

DR. J. H. BUFFUM and family are at Chautauqua Lake.

DR. WM. G. WILLARD goes to Iowa, on a hunting expedition.

DR. CHAS. D. RICH is on a yachting trip in the Lake Superior region.

DR. J. S. MITCHELL is spending the summer at Nantucket, Mass.

DR. W. J. HAWKES will spend his vacation at Cape Cod, Mass., during the month of August.

DR. T. GRISWOLD COMSTOCK sailed for Hamburg, July 24, on the new Augusta-Victoria. From there he goes to Berlin to attend the International Medical Congress, August 14.

DR. JNO. W. STREETER has a private hospital, for the reception and treatment of women patients, fitted with all modern improvements, at a convenient location on Twenty-fifth St.

$500.00 will buy a first class field, with stock of medicines, in a northern Indiana county seat, where a qualified man will meet with a good reception. Address B. A. F., care of MEDICAL ERA.

THE fourth annual class of instruction in Orificial Surgery will be held by Prof. E. H. Pratt, at the Chicago Homœopathic Medical College, during the week beginning Monday, Sept. 1, 1890. For particulars address E. H. Pratt, M.D., Room 56, Central Music Hall, Chicago, Ill.

OBITUARY.

The many friends of Dr. W. H. Van Denburg, of Auburn, N. Y., will learn with regret of the death of his estimable wife, and extend to him, as we do, the deepest sympathy in his affliction.

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THEY SAY

That a poultice will start a beard.

That close shaving will cause hoarseness.

That diphtheria is often conveyed by cats.

That the painstaking man suffers the most pain.

That by supporting a patient you may pull him through.

That kola-nut is the latest proposed remedy for sea-sickness.

That women who suffer from sick headache must stop drinking tea.

That there are more crazy people outside of asylums than in them.

That females are more liable than males to attacks of scarlet fever.

That true disinfectants destroy odors and still have no odor themselves.

That the best way to commit suicide is to make haste in hot weather.

That midwifery is justly termed the vertebral column of general practice.

That one part of rennet ferment can precipitate 800,000 parts of casein.

That Chicago now has a Pasteur institute for anti-hydrophobia inoculation.

That he evidently knows no more about vivisection than he does about religion.

That Michigan raises more homœopaths to the acre than any other state in the Union.

That every man should have an aim in life, but he should not spend too much time in aiming.

That the tendency of rice and wheaten flour is to bind the bowels; that of oat-meal to open them.

That prolonged etherization reduces the temperature of the patient from two to three degrees.

That fifty per cent. of cases of cerebral abscess take their origin from chronic disease of the ear.

That the average weight of a man five feet one inch high is about one hundred and twenty pounds.

That over one-half of the amputations of the lower extremities are between the knee and the ankle.

That the man who tells a lie to save a friend will always be remembered by that friend as a good liar.

That consumption carries off one-third of all people who die between fifteen and twenty five years of age.

That history repeats itself if it be ancient history, but your own private history is repeated by your neighbor.

That the management of the convalescence of typhoid fever is scarcely less important than that of the disease itself.

That the white corpuscles in the blood are always increased in number during the existence of suppurative inflammations.

That iridectomy, in the operation for cataract extraction, is gone out of fashion, and the older flap operation is being resorted to.

That an onion eaten before retiring will dispel insomnia; the patient is obliged to go to sleep in order to forget the taste in his mouth.

That microscopic examination of emmensite, the new explosive, tends to confirm the opinion that it is a chemical compound, and not a mere mixture.

That the cholera epidemic in Pueblo de Rugat, Spain, proves to have originated from the opening up of an old cemetery in which the victims of the epidemic of 1885 had been buried.

That one thousand one hundred people have been killed by storms and cyclones this year, whereas, during a corresponding period of a year ago there were only one hundred and sixty-three victims.

That neuralgia is often occasioned by the modern style of dressing hair. The nerves are irritated by the tight drawing up of the hair, and the skewering with hair-pins.

That there should be a law compelling those who enter suit for malpractice, to furnish bonds to indemnify the doctor for all expense and loss in case they fail to prove their case.

That bottles containing nitrate of silver should be stowed away in life boats. Seven ounces of the nitrate will turn enough sea water into drinking water to supply a man for a week.

That a man in Georgia, who was bitten by a mule, is dying of the hydrophobia. We always insisted upon it that a mule is loaded at both ends, but could never get anyone to believe us.

THE MEDICAL ERA

COMBINED WITH THE MEDICAL COUNSELOR. DEVOTED TO HOMŒOPATHY AND THE ALLIED SCIENCES

VOL. VIII. CHICAGO, SEPTEMBER, 1890. No. 9.

EDITORS:
CH. GATCHELL, M.D.,
D. A. MCLACHLAN, M.D.

SECTARIANISM IN MEDICINE.

An old established school in any field of thought is apt to die hard. It is nearly one hundred years since HAHNEMANN'S announcement, that *similia* is the only possible law of cure, sealed the fate of the old school in medicine. HAHNEMANN'S proclamation of this truth was a blow fatal to all theories incompatible with it. From that day to this the old school, mortally wounded, has been struggling against fate; it will continue so to struggle until, exhausted, it finally expires.

It has occasionally happened that an old-school physician, acquiescing in the inevitable, has thrown up his hands and declared in favor of homœopathy; in the aggregate, those who have done so are many, but the vast majority of old-school physicians seem determined to die in their boots. All opposition to inexorable law is pregnant with its own defeat. The old school might as well buck against gravitation as against *similia*.

Homœopathy is invulnerable; it has never received so much as a scratch in all this hundred years' war. It seems probable that the noisiest of the old-school warriors never saw *homœopathy* at all; it is certain that the heaviest guns have often been thundering away at one or another thing else than homœopathy. Think of the fire and smoke which have been belched forth at infinitesimals *as the essential of homœopathy: simile* does not mean *infinitesimal*. Some old-school sharp-shooters have seemed to regard the giving of more arsenic to a patient poisoned by arsenic as a type of homœopathic treatment; think of the bullets that have in the past fifty years been riddling that man of straw;—even to-day we occasionally find a new bullet buried in him, for there are some old-school warriors who have not yet learned the difference between isopathy and homœopathy.

The latest fad in the old school is to harp upon what they call the *sectarianism* of homœopathists. That homœopathists hold a belief peculiar to themselves is true: no man without that belief can be a homœopathist, and no man with that belief can be other than a homœopathist; the belief makes the homœopathist, and is by implication defined in the word *homœopathist*. If simply holding this belief constitutes homœopathists "sectarian," enough said,—"sectarian" we are, and "sectarian" we must ever remain.

No odium justly attaches to the word *sectarian* in so far as by *sectarian* we mean merely that those designated are drawn together by a common belief, and by legitimate means promulgate that belief. Sectarianism becomes odious—1st, if those thus associated willfully ignore truths other than the one (or ones) uniting them—2d, if they interfere with the freedom of other men, or infringe upon their rights—3d, if they voluntarily withhold themselves from coöperation with outsiders in any useful work the performance of which would not divert their attention from more important matters; something of this last condition is by etymology and use implied in the word *sectarian*. Other *ifs* might be added, but these three *ifs* suggest the following remarks:

1st. It is well known that neither in theory nor in practice do homœopathists ignore truths

other than the one which unites them. *There is no useful practice whatever which the homœopathist cannot consistently adopt.*

2d. There has never been a single instance, so far as we are aware, in which homœopathists have attempted to interfere with the freedom of any man, or to infringe upon his rights. Homœopathists have been conspicuous for minding their own business, and minding it well. A considerable part of their business has been, and still is, to defeat the old school in its attempts to crush out homœopathy by legislation and other means.

3d. In existing circumstances it would be impossible for homœopathists to *voluntarily* withhold themselves from any useful association with the old school in matters aside from homœopathy; for the old school (having expelled homœopathists and having locked, bolted and barred the door against them) leaves them no option in this matter. That the old school, while rigorously excluding homœopathists from any kind of association with itself, charges homœopathists with being exclusive does not alter the facts here stated.

SOME MORE "RATIONAL" MEDICINE.

When the so-called "rational" school of medicine stands at the bar for judgment, what will it have to say in explanation of its latest fad, *Brown-Sequard's* testicular liquid?

A month ago we thought that this subject had been finally disposed of, but evidence has since been furnished that it is not dead yet.

The *Times and Register*, of July 12, 1890, published in New York and Philadelphia, has a letter from its Paris correspondent, from which we make the following interesting extracts:

Prof. Brown-Sequard returns again to the subject of the action of testicular liquids, which he introduced a year ago to the attention of the Société de Biologie. We said at the time that whatever Dr. Brown-Sequard proposed, deserved, at least, the serious consideration of scientific men. . . . . First of all, Brown-Sequard only said that when he made his first injections on himself, he saw a considerable augmentation in power in the flow of urine, and a regularity in defecation. With this he noticed an increase of muscular force and a facility in doing intellectual work that he had not known in years. *This is all that he claimed.*

After the first injections Dr. Brown-Sequard made on himself, he went to England for a while, and on his return he was taken ill with a cold, and went to Nice, to pass the worst of the bad weather. During all this time he did not make any injections, but finding now that his health was not good, he resolved to try them again; he, however, could not do this under the strict aseptic conditions of his Paris laboratory, and therefore he thought of another method, which would prevent the dangers of subcutaneous injections, which was *rectal injections*. The results obtained were just as complete and as satisfactory as by the hypodermic method. He injected, each time, the liquid obtained from the trituration of two testicles of guinea pigs, diluted in fifty centigrammes of water.

Dr. Brown-Sequard again asserted that the effects produced on him were as stated, but he preferred to give the results of others' work. Leaving aside the rash and foolish attempts of all sorts of people, he only spoke of scientific men who tried it properly. In certain cases of cachexia from malarial fevers its results were wonderful, in others of ataxie locomotrice the amelioration had been remarkable in some cases, while in others no results had been obtained. Good effects were obtained in certain hemiplegias consecutive to cerebral lesions. In certain dyspepsias, and in cases of incontinence of urine, the results were very evident.

M. D'Arsonval had tried it on a celebrated French *savant*, who had been obliged to give up his work, owing to incontinence of urine, and curious shivering attacks, which came on without known reason. After the first injection all his troubles ceased like magic, and he was able to resume his studies.

It is above all in anæmias, no matter what their cause, that Dr. Brown-Sequard finds the most use for his method, and he gives a remarkable case of a doctor whose method he does not approve of, but the demonstration of its wonderful efficiency he has seen. The doctor's wife, in question, was worn out after a metrorrhagia, that left her in a complete state of anæmia. He, believing in the virtue of testicular injection, had connections with his wife, and secured the sperm, which he injected under her skin, a cubic centimeter at a time, with most wonderful results; and, notwithstanding the fact that the metrorrhagia was repeated several times, the same treatment cured the patient every time. This would seem to establish the fact that sperm has the same action as the testicular fluids of animals secured by trituration; but Dr. Brown-Sequard does not approve of this method, fearing septic complications from the injections.

There is more of this foul stuff, but we forbear publishing it.

This trash has been presented by one of the most eminent representatives of the old school of medicine. It is published in one of their leading medical journals.

What assurance it requires for a member of that school to pretend to criticise others because of alleged peculiar remedies of which they may be supposed to make use! What is there that could equal this in all that is irrational, unscientific, debasing and disgusting!

Homœopathy never was guilty of such sickening nastiness!

Homœopathy never originated or endorsed anything so revolting!

The temptation is strong to comment upon this as it deserves, but common decency forbids. The bare recital is its own condemnation.

Especially the method of the treatment of anæmia following metrorrhagia, as related in the last paragraph, is so abhorrent to all sense of decency that no self-respecting man can even contemplate it without a blush of shame for the *savant* whose only disapproval is the fear of "septic complications," and of pity for the school of medicine which presents no apology for this, its latest offering upon the altar of an outraged medical science.

ELECTROCUTION.

It is hard to see what advantage electrocution has over hanging.

In the process of hanging, when skilfully performed, the victim suffers no agony or torture. The execution can be made as private, and as free from display, as desired. If men are to be put to death by legal process, why abandon this method until another one offers which is greatly and indisputably better?

In times past, the methods of execution of criminals have been varied and atrocious. Men have been killed by being blown from the cannon's mouth; submerged in melted lead or sulphur; burned; crucified; quartered; flayed; knouted; strangled; guillotined; disemboweled; impaled; crushed; poisoned; cast over precipices; shot; stabbed; stoned; and disposed of by various other barbarous methods.

Electrocution, unless better performed than in the first instance, is a retrograde step rather than the contrary. The preliminary arrangements: the shaving of the head, the cutting of the clothing, the strapping in a chair, add much to the horror of the occasion. It is safe to say that electrocution is not the coming method of execution.

But what is the use of fooling with any of them, so long as there is such a thing as chloroform in the world?

THE road to success in the practice of our art lies not only in knowing how to deal with disease, but how to deal with men and women who suffer from it.—*Lawson Tait.*

ORIGINAL ARTICLES.

A CLINICAL STUDY OF NERVOUS SYPHILIS.

BY CLARENCE BARTLETT, M.D.,
PHILADELPHIA, PA.

[Read before the American Institute of Homœopathy, Waukesha, Wisconsin, June 16-20, 1890.]

THAT syphilis is perfectly capable of producing diseases of the nervous system of the most serious character has long been known; but the frequency with which it is capable of doing so has been generally recognized only within the last decade; at least it is only within the last decade that our knowledge of nervous syphilis can be said to have amounted to anything. The difficulties surrounding the scientific investigation of the subject are great. The obtaining of a correct history of cases necessitates a most searching inquiry into the patient's character for virtue, and, as syphilitic patients are not noted for the love of veracity, correct data are not always obtainable. Much depends in examination of the patients on our methods of investigation. A half-hearted inquiry for a syphilitic history will beget a half-hearted negative reply. The question put in a bold, straight-forward manner will succeed in eliciting the truth. Ofttimes it is better, when the symptomatic picture of the case is complete, and the nature of the case is clear, not to ask, "Have you had syphilis?" but instead, "When did you contract syphilis?" In the case of women a correct history is frequently out of the question. The anatomical arrangement of their sexual organs makes it a very easy matter for the primary syphilitic lesion to escape their attention entirely. The secondary symptoms being light, may also escape attention. Now it is in just such cases that involvement of the nervous system by syphilis takes place. One readily sees, then, the necessity of relying upon the nature of the symptoms rather than upon the preceding history in order to make a diagnosis of nervous syphilis in women. A patient now under my treatment well illustrates this very point. She acquired syphilis from her husband, the primary lesion having been situated on the abdomen, immediately over the anterior-superior spinous process of the ilium. She herself was entirely unaware of its nature. Secondary symptoms were so light as to have escaped her attention entirely. Eight years after infection her nervous system suffered. I shall refer to this case, as also that of her husband, more in detail in another portion of this paper.

If the investigation of syphilitic histories is a difficult matter in the patients themselves, it is

doubly so when one is endeavoring to investigate a case of supposed hereditary disease. There is nothing that will strike a man with greater horror than the knowledge that his misdeeds have been the means of entailing suffering on his wife and offspring. Overwhelmed with the disgrace of such a thing, his only impulse is, steadfastly to deny guilt, with all the earnestness he can command.

The frequency with which hereditary syphilis is capable of producing lesions is, of course, well known. The fact that it can and does occasionally produce serious affections of the nervous system is hardly recognized. Whether nervous diseases from hereditary syphilis are really of common occurrence, I do not think that the present state of medical knowledge will permit us to speak positively. It is not at all likely that our methods of investigation have advanced sufficiently to enable us to form a correct opinion on this point. My own experience with nervous diseases arising from hereditary syphilis is practically nothing. Medical literature is almost silent.

There is a general impression among both profession and laity that hereditary syphilis is ofttimes the foundation of idiocy and epilepsy. As to the former, it is generally conceded by those who have had the most experience that idiocy is rarely the result of hereditary syphilis. Dr. Langdon Down states that not more than two per cent. of his cases were thus occasioned; and Mr. Jonathan Hutchinson, whose experience in syphilitic affections is a very large one, considers that idiocy and hereditary syphilis are rarely associated. Statistics of large institutions for the feeble-minded confirm the conclusions of Down and Hutchinson. Shuttleworth, on the other hand, takes the ground that congenital syphilis occasions idiocy far more frequently than it receives credit for doing. The arguments advanced by him are that parents avoid the giving of a syphilitic history when entering their children into the asylum, and mental deterioration is not always evident until the period of second dentition, at which time it is often accompanied by paralysis, convulsions, and other degenerative symptoms, thus throwing the cases out of the class of idiopathic imbeciles or idiots.

It is extremely doubtful if idiopathic epilepsy is ever the result of congenital syphilis. Gowers, in his investigations of over one thousand cases of epilepsy, obtained a syphilitic history of the parents in only four cases. When congenital syphilis does give rise to convulsions in childhood or infancy, these convulsions are very apt to be symptomatic of organic disease of the brain, and not of true epilepsy. Shortly after graduation, I attended a boy residing in the slums, concerning whose parents no information was obtainable, and who suffered from interstitial keratitis. He was also subject to convulsions, which recurred at intervals of one or two weeks. Under treatment the keratitis disappeared. Bromide of ammonium given in the first decimal trituration, advised by Dr. James Kitchen, lessened the frequency of the convulsions most decidedly. As soon as the boy was able to go out my attendance ceased. Six years later he applied at the Hahnemann College Dispensary for treatment of a most malignant ulceration (undoubtedly specific) of the face. Not long after I had ceased treating him, he developed a hydrocephalus, from which he recovered. The convulsions had also disappeared.

Hydrocephalus is sometimes the result of congenital syphilis. Sandoz, after a thorough study of the subject, basing his conclusions on four cases observed by himself, and several by others, says: "1. There is a distinct syphilitic form of hydrocephalus. 2. It is congenital, or shows itself during the first month of life. 3. It probably arises from some inflammatory process of syphilitic origin in the ependyma of the cerebral bloodvessels."

Cases bearing a strong resemblance to tubercular meningitis, it is now generally admitted, may arise as a result of congenital syphilis. It is claimed that nearly all the cases of alleged recoveries from tubercular meningitis are really cases of recovery from congenital syphilitic brain disease.

All cases of brain disease arising from congenital syphilis do not present as simple a clinical picture as epileptiform convulsions, hydrocephalus, etc. Thus, Dr. Angel Money recently exhibited before the London Pathological Society specimens from a case of chronic syphilitic meningitis, arteritis, cerebral atrophy, and sclerosis, in a boy aged four years. This patient was first seen at the age of eleven months, at which time he suffered from hydrocephalus. His skull was natiform, the root of the nose depressed, and there were signs of disseminated choroiditis. The syphilitic taint was present in every member of the family. Under treatment the boy improved very much, and seemed almost well, when left spastic hemiplegia developed. Two or three months later he lost his speech, developed right spastic hemiplegia, and one week later died. At the autopsy the brain and dura mater were found adherent everywhere, but the adhesions could be easily separated. The arteries were much diseased, as was also the brain substance. Atrophy and

sclerosis were marked in the regions supplied by the diseased arteries. The dura mater was four lines thick in the temporal region, resembling a fibroma in structure.

As further illustrative of phases of cerebral syphilis in childhood, I may refer to two cases occurring in the same family and reported by Warner (*British Medical Journal*, 1888, Vol. II., p. 703). A syphilitic history was readily obtainable. Case I. was that of a boy aged seven years, who suffered from severe pains in the head, which came in paroxysms, associated with vomiting. These attacks became more and more frequent, and were attended by loss of control over the bladder. Mercurial inunctions failed to cure. He died four years later without the intervention of other symptoms. Case II. was well as an infant. At the age of six months he had bilateral convulsions, which continued until he was six years of age, when they ceased. At nine years of age, he became clumsy, and dropped things easily. At the age of eight he had a severe illness, and for six months was said to have had meningitis. There was temporary squint and severe head pain with short-lasting powerlessness. One year later there appeared complete left hemiplegia with rigidity and athetoid movements of the fingers; the left side of the face became partially paralyzed. There were traces of an old optic neuritis. The left knee-jerk was exaggerated; the right was normal.

Notwithstanding Hutchinson takes a strong stand against the frequency of disease of the nervous system as a result of congenital syphilis, we find his book (*Syphilis*, Lea Brothers & Co., Philadelphia, 1889) teeming with most interesting examples of this condition, to which I may here make slight reference with advantage to my readers.

A young woman had had numerous symptoms of hereditary syphilis. At the age of nineteen she had a convulsion which left her with right hemiplegia, which was passing away at the time the examination was made.

A girl aged eleven was liable to severe headache and epilepsy. She was deaf and had the characteristic teeth and physiognomy.

A lad aged nineteen became liable to epilepsy at eleven, the attacks being attended by spasms in the muscles of the left limbs. These spasms preceded loss of consciousness; indeed the latter was sometimes omitted.

A girl aged fourteen, brought before theLondon Pathological Society by Mr. Nettleship, and who had paralysis of the third, fifth, and sixth cranial nerves, the condition having existed for four years. The anæsthesia was complete, as was also the paralysis of several of the recti.

A case of fusiform neuritis in connection with inherited syphilis reported by Dr. J. A. Ormerod, in a young woman of twenty-three. There was a fusiform enlargement of the median nerve in the middle of the upper arm. The tumor was tender on pressure, and was attended by motor paralysis, wasting, and anæsthesia.

The age at which nervous symptoms may develop as a result of congenital syphilis has been variously stated. It is certain that they may appear shortly after birth, and that they may be delayed until early adult life. Whether they may occur at the age of maturity without having been preceded by other syphilitic manifestations must still remain *sub judice*. Other syphilitic phenomena may thus be delayed, and we know no reason why the same should not apply to hereditary syphilis of the nervous system.

Hereditary syphilis seems to bear but little relation to diseases of the spinal cord. The only affections to which it may give rise in this portion of the body seeming to be paraplegia from syphilitic caries of the vertebral column.

Lafitte has described some cases of what he has been pleased to call syphilitic pseudo-paraplegia, in which the disease attacks the epiphyseal ends of bones, leaving the separation of the cartilages. The periosteum and muscles may both be involved. The result of this condition is a powerlessness of the extremities, with sensitiveness of the affected parts. This condition thus closely simulates paralysis with hyperæsthesia.

Leaving now the subject of hereditary syphilis and its influence in producing nervous affections, we come to the study of the symptomatology of acquired nervous syphilis. Here there is a large field for study and observation, for illustrations are numerous in practice. The characteristics of cerebral syphilis are now pretty well defined, so that in many cases a correct diagnosis may be made on the symptoms alone, without resorting to inquiries after a syphilitic history. As for spinal syphilis, there yet remains much to be learned, for though cases of this kind are not uncommon, most of them recover, so that opportunities for pathological study are rarely obtained.

The totality of the symptoms in cases of syphilitic nervous diseases is, as I have already intimated, such as to ofttimes point with unerring certainty to the exact nature of the trouble. The diagnosis is not made by means of any one pathognomonic symptom, but rather by the peculiar symptomatic groupings, and the modes and times of the onset of the ailment.

The age of the patient is of the greatest possible value in enabling one to form an opinion. With the exception of certain typical diseases, most of which are peculiar to early life, as poliomyelitis, epilepsy, Friedreich's ataxia, etc., fully eighty per cent. of all organic diseases of the nervous system occurring prior to the fifteenth year of age are syphilitic in origin. Especially does this assertion apply to hemiplegias and epileptiform seizures occurring between the twentieth and fiftieth years. The non-syphilitic cases, the remaining twenty per cent., include cases of embolism, cerebral changes secondary to renal disease, abscess secondary to middle ear suppuration, traumatic ailments, and malignant growths. As it is a comparatively easy task to exclude all but the last named, one can ofttimes make a diagnosis by the age of the patient alone. I may make here a short reference to several cases of organic cerebral disease, syphilitic in origin, occurring in young adults, in all of which there was nothing other than the age of the patient characteristic of syphilitic disease.

Case I. Daniel F., æt. 26 years, came under treatment January 21, 1890. Two years before he had a stroke of paralysis, which came on him during the night while asleep. The left side of the face and the left arm and leg were involved. The upper facial muscles were paralyzed, for he could not close the left eye. Since this attack of paralysis he has had numerous convulsions, which are preceded by vertigo. These seizures are general, consist of tonic and clonic spasms, and are followed by heavy sleep. No increase in the paralysis succeeds the convulsions. He has frequent frontal headaches. The patellar tendon reflexes are very much exaggerated, especially one on the left side. He admits having had gonorrhœa, but denies syphilis. He has had falling out of the hair, but no other secondary symptoms. He was placed on antisyphilitic treatment, consisting of the administration of iodide of potassium in substantial doses, and has had no recurrence of convulsions since. His headaches have entirely disappeared, and he regards himself as a well man.

Case II. Mrs. W. M., æt. 31 years, applied for treatment on December 23, 1889. She had been perfectly well up to three days before. She was taken sick suddenly during the night, and lost consciousness; when she came to, she was paralyzed on the right side of the face and body. The power over the right leg had in a great measure returned, so that she was able to walk to the dispensary from her home. Both knee-jerks were very much exaggerated, the right one especially. She had no organic heart disease. She acknowledged having had a primary sore five years before, which was followed by secondary symptoms. Iodide of potassium was prescribed, but the result was not known, as the patient did not report a second time.

Case III. W. P. D., æt. 33 years, was seen in consultation October 5, 1888. He acknowledged having had syphilis four years previously, but denies having had a primary sore. Lately he had noticed a difference in the size of his pupils. The knee-jerks were both exaggerated. Iodide of potassium was prescribed in this case also, and a complete recovery followed.

The importance of age in framing a diagnosis can be understood in the case of cerebral paralyses dependent upon thrombosis. Aside from acute pyæmia, thrombosis occurs only in connection with endarteritis and atheroma. Now atheroma is limited to the aged; endarteritis occurs in the young in connection with syphilis. In either case it is plain that the symptoms must be exactly the same, for they result solely from the deprivation of certain areas of the brain of blood. If these symptoms occur in the young, and we are able to exclude renal disease, syphilis is certain.

A difficulty will be occasionally met with in cases in which we find not only a syphilitic history, but also evidences of organic heart disease. Here we must call to our aid the associated conditions. Evidence of the activity of the syphilis or the heart lesion must be sought. Thus, if the endocarditis is of recent origin, and there are indications of embolism in other organs than the brain, we must ascribe the attack to that cause; but if the paralysis has been preceded by some headache, transient spells of numbness, fits of somnolence, etc., we can rest assured that there is syphilitic disease of the arteries.

Taking up seriatim the various symptoms common in syphilitic cerebral disease, I shall refer first to the headache. This is by all odds the one most frequently present. It varies in character, position, and intensity in different cases. It often exists for years before other symptoms assert themselves, and not infrequently disappears on the supervention of paralysis or convulsions. Its only characteristic feature is its nocturnal exacerbation, which, however, is not to be noted invariably. While usually persistent, it is often paroxysmal, or has periods of greater intensity than others. The involvement of the pericranium or the dura mater in the pathological process leads to tenderness over the painful areas. In such cases the headache itself is apt to be of unusual severity. Neuralgia of the fifth pair of cranial nerves as a result of syphilis is never an essential neuralgia, that is, an affection dependent upon functional disease

of the fifth pair of nerves. When trigeminal neuralgia does occur as a result of syphilis, it is indicative of a meningeal inflammation with exudation at the roots of the fifth nerve or nerves, or a syphilitic neuritis.

Epileptic attacks are of frequent occurrence in connection with cerebral syphilis. The characteristics of the seizures will in many cases seem to be indistinguishable from those of genuine epilepsy at first sight. A little study of the phenomena present soon discovers points of difference. Usually the character of the convulsion is that of those indicative of organic diseases of the brain, tumor, meningitis, etc. The seizures are thus apt to be of comparatively long duration, that is, half an hour or upwards, are associated with severe headaches, with nocturnal aggravation, and a remarkable exaggeration of the knee-jerks. In idiopathic epilepsy the convulsions rarely last more than fifteen minutes, in the vast majority of cases not more than five; they are not associated with headache in the inter-paroxysmal periods, and the knee-jerks are normal. Of equal diagnostic value with the above-named symptoms is the age of the patient. As I have already said, almost every convulsion of epileptiform type, coming on for the first time after the twenty-fifth year of life, may be regarded as of syphilitic origin, providing renal disease can be excluded.

It will sometimes be noticed that the convulsions of syphilitic epilepsy are associated with more or less paralysis. While the loss of power is usually limited to the areas that have been convulsed, this is by no means invariably the case. In some instances the paralysis is the first symptom, the convulsions coming later. This was to be noted in case I. The first symptom of cerebral syphilis was a hemiplegia, epileptic attacks of general distribution coming later. In some cases the paralysis, though present, may be of such a slight character as not to make its presence known to the patient. This was noted in case IV.

CASE IV. Alfred B., æt. 24 years, applied for treatment March 29, 1890. Prior to Christmas, 1889, he considered himself a well man. About that time he was seized with a convulsion while asleep, and during which he bit his tongue. Since that time he has had convulsions occurring once a week, seldom oftener. The aura consists of a creeping sensation going up the right leg, beginning about a half-hour before the convulsions come on. The attacks usually last about ten minutes. The pupils react sluggishly to light. Both knee-jerks are very much exaggerated, the right being especially so. He admits syphilitic infection four years ago. This patient was placed upon large doses of iodide of potassium. It was then noticed, what I had not before observed, that there was a partial paralysis of the right side of the body, including the face, and shown by dragging of the right leg in walking, a grasp of ten degrees less (measured with the dynamometer) on the righ hand than the left, and obliteration of the folds of the right side of the face, especially marked when laughing. Treatment has to a degree benefited the patient, though not to the extent usual in such cases. He has now been two weeks without an attack, and the paralytic symptoms are rapidly disappearing, and his knee-jerks are normal. I fear that this case is one of those in which the epileptic habit having been set up by an organic syphilitic lesion, will be continued after the primary pathological cause has been cured.

In many instances the convulsions of syphilitic cerebral disease are limited to certain portions of the body, one side or one extremity. In the following case the convulsions were unilateral, and were unattended by loss of consciousness.

CASE V. W. J. H., æt. 54 years, came under treatment June 9, 1883. Two years before he began to complain of numbness down the right side of the body and in his fingers. There was severe pain in the head, which deprived him of sleep. Every two or three months he has had a convulsion in which the movements were limited to the right arm and leg, and have been unattended with loss of consciousness, until a seizure which took place about ten days before he consulted me. He then had an attack in which he lost consciousness, and which was followed by stupor lasting nearly two hours. On recovery he was aphasic. The aphasia disappeared shortly. The fundus oculi was examined and found to give evidence of a post neuritis. He admits both gonorrhœa and syphilis. The convulsions in this case were no doubt symptomatic of a local syphilitic lesion in the brain cortex.

In the following cases of syphilitic epilepsy the pathological condition was quite a complicated one:

CASE VI. H. W. S., æt. 45 years, applied for treatment February 11, 1889. Six weeks before he had two epileptic attacks in which he lost consciousness and twitched violently. These convulsions have repeated themselves since, and he has noticed a difficulty in walking, especially at night. He states that the convulsions are limited to the left side of the body, but are not followed by any paralysis. He has the characteristic ataxic gait, lightning pains, numbness of both feet, urinary incontinence occasionally, Argyll-Robertson pupils, and absent patellar tendon reflexes. He has had syphilis. The lightning pains, it was found on careful questioning, had been bothering him for five or six

years; but not thinking them anything more than slight rheumatic pains lasting but a short time, he had disregarded them. Under iodide of potassium the ataxic gait improved greatly, and the convulsions did not recur, but the knee-jerks remained absent.

Here we undoubtedly had a case of syphilitic tabes, complicated with cerebral disease arising from the same cause. The condition of the knee-jerks was interesting. Usually in cerebral syphilis, as I shall state presently, the knee-jerks are greatly exaggerated. In this case their excessive action was not noted because of the influence of the posterior spinal sclerosis.

In all the cases of syphilitic epilepsy thus far described the attacks were of the character known as "*grand mal.*" Cases may occur in which the seizures consist of minor attacks, a mere faintness, a vertigo, a transient loss of consciousness, or a special sense aura, referred either to the eyes, ears, nose, etc.

While it will be seen from the above description that syphilitic epileptic seizures have nothing in their make-up pathognomonic of their cause, still their *tout ensemble* is sufficiently characteristic to insure a correct diagnosis. To recapitulate: Convulsions limited or general in distribution, occurring for the first time in adults prior to the degenerative period of life, with remarkable exaggeration of the knee-jerks, and associated with more or less paralysis, especially if the paralysis and the convulsions depend apparently upon different lesions, are nearly always of syphilitic origin.

The paralyses of the cerebral syphilis afford an interesting subject for study. They are remarkable for their variety, and are characteristic of the time of life at which they usually occur. Their variety, both as regards their distribution and modes of onset, may well be understood when one recalls the numerous pathological conditions that may occur in the cranial cavity as a result of syphilis. The disease may involve the skull, the meninges, the cerebral vessels, or the brain itself. It may give rise to syphilitic nodes, gummata, endarteritis obliterans, cerebritis, neuritis, meningitis, periarteritis, aneurism, apoplexy, or acute softening. Syphilitic palsies may thus come on suddenly or slowly. Their distribution depends largely upon the area of brain involved. There is one feature that is markedly characteristic of them, and that is their incompleteness. Motor functions of the paralyzed part are not entirely destroyed. The paralysis in such cases is temporary. Of course in those instances in which the palsy has arisen from syphilitic diseases of the bloodvessels and rupture of the same, its characters must be the same as when it results from vascular disease consequent upon the ordinary degenerative changes of advancing years. In such cases they will in all probability be complete.

There is a form of hemiplegia which is especially characteristic of syphilis, and that is one consisting of numerous slight attacks, with or without loss of consciousness, coming on suddenly, and disappearing in a very short space of time. The following is a case in point:

Case VII. Mrs. Mary C., æt. 45 years, first came under treatment about four years ago. She gave a history of numerous spells in which she fell down unconscious. These lasted but for a couple of minutes, ofttimes only for a few seconds, and were followed by a transitory weakness of one side of the body. There was also some ptosis. No syphilitic history was asked for. Iodide of potassium was prescribed, and great improvement followed. The attacks remained away for over two years. She came under my care again quite recently for a return of the trouble, and was put on the same drug as before. Both knee-jerks were very much exaggerated.

A remarkable characteristic of syphilitic palsies is the frequency with which they involve certain cranial nerves, especially those giving motor power to the ocular muscles. So rarely indeed does motor oculi palsy occur in adults in conjunction with other causes than syphilis that I feel safe in saying that no amount of confidence in a patient's veracity or virtue should permit the physician to diagnose anything but cerebral syphilis in case of hemiplegia or convulsions in which paralysis of one or more of the oculo-motor nerves is present.

In some cases the ocular palsy may be the only symptom evident to the patient. This is well shown in the following case:

Case VIII. Mr. B., æt. 45 years, awoke one morning finding himself with diplopia. He had a marked convergent squint, the result of paralysis of the right external rectus. He had no headache or other symptoms of central nervous disease other than exaggeration of the knee-jerks. He made a complete recovery under iodide of potassium.

In other cases the association of other symptoms with the ocular paralysis is found if care be taken to look for them.

Case IX. Mr. B., æt. 35 years, had a divergent squint affecting the left eye. It came on very gradually. His pupils were markedly contracted, and responded but sluggishly to light. He also complained of a dead sensation in the teeth and on the left side of the face. His knee-jerks were absent. The pupils did not respond to light, while they did react during efforts at

accommodation. There was a very slight unsteadiness when walking with his eyes closed. Inquiry elicited a history of occasional lightning pains. He had had syphilis.

This latter case was evidently one of locomotor ataxia in which the nucleus of the portion of the third pair supplying the internal rectus was affected. The patient was not aware of any other symptom than the diplopia when he first consulted me, or at least he did not regard his other symptoms as of sufficient importance to speak of them when inquiry was made for them. Though this patient has been under treatment for many months, a partial result only has been obtained. The squint has grown somewhat less, and his pupils are more mobile.

Gowers describes a form of motor-oculi palsy characterized by its special tendency to relapse or persist. One third nerve becomes paralyzed, and improves to a certain extent under treatment, when the other one becomes involved, and at the same time the one first attacked relapses. The nature of these cases is regarded by Gowers as uncertain. The course and limitation of the symptoms do not point to nuclear disease.

The frequency with which the ocular nerves are affected in syphilitic brain diseases is due to the long course which they take at the base of the skull before entering the orbit, in contact with the meninges, and over a bony floor, in a region where syphilitic lesions are most commonly situated. The paralysis may affect an entire nerve or but one of its branches. It may be limited to the pupil, as in Case III. They are often but premonitory of other symptoms. This I think may be stated as true of both Cases III. and VIII. It was evident that the only lesion was not the ocular palsy, for there was marked exaggeration of knee-jerks in both patients. An ocular palsy could not give rise to such a symptom of itself. In the case of Mr. H., Case IX., the Argyll-Robertson pupils, the lightning pains, and the absent knee-jerks showed that the ocular palsy was an early symptom of locomotor ataxia. The value of the pupillary and tendon reactions in this case is not to be ignored. In an ordinary case of oculo-motor palsy we would expect the pupil to be dilated, if affected at all. If, on the other hand, we find it contracted, and its reactions altered, we are led to suspect involvement of the spinal cord. Especially is this so when the knee-jerks are not obtainable.

Case X. Mr. R. R. T. came to me for an opinion regarding a convergent squint. He had had syphilis a number of years before, and had been addicted to excesses in sexual intercourse. His pupils were almost pinhole in size, and his knee-jerks were gone. There was very slight static ataxia. He did not like the opinion given him, so he sought other advice.

I have seen two cases of marked myosis in syphilitic subjects in which absolutely no other symptoms than excessive knee-jerks were obtainable. Both patients were women. One of them has been under observation not less than seven years. She has not had treatment. How long before my first examination the myosis existed, must remain unknown. She applied for treatment at the Children's Homœopathic Hospital Dispensary for some slight indisposition, when the then resident, Dr. J. P. Iliff, called my attention to the pupillary condition. The other case was that of a woman, the wife of a patient who has since died of syphilitic cerebral disease, and who acknowledged having been infected.

A most interesting case of ocular palsy was one brought to the Hahnemann College Dispensary by Dr. R. U. B. Cornelius. The man was apparently well in all particulars except the ocular palsy. In one eye every external ocular muscle was paralyzed. Those of the other eye were fast getting into the condition of their companions. The man steadfastly denied syphilis. Dr. C. M. Thomas, through whose courtesy I was enabled to see the case, agreed with me that the case was probably syphilitic, and accordingly prescribed the iodide of potassium.

While the ocular nerves are the cranial nerves most frequently affected in cerebral syphilis, the other cranial nerves do not escape. In the following case, the sixth, seventh and eighth cranial nerves were paralyzed in conjunction with one side of the body.

Case XI. H. S. C., æt. 25 years, applied for treatment April 26, 1889. In February of that year he had had an attack that was diagnosed as inflammation of the stomach. Shortly after his recovery from this illness he noticed a convergence of the right eye and drawing of the face, with inability to close the right eye. This gradually increased in intensity, until finally the whole right side of the face, including the orbicularis palpebrarum, was immovable. Then he noticed a weakness of the left leg, which gradually increased. The patellar tendon reflexes were somewhat exaggerated. He complained also of vertigo on walking, and severe pains on the right side of the head in the cervico-occipital region. The pupils reacted normally; the fundus oculi was normal. Reaction of degeneration was found in the paralyzed facial muscles. The patient denied most positively that he had ever had syphilis, though he was

willing to acknowledge that he had been more lucky than virtuous. Notwithstanding these denials a diagnosis of cerebral syphilis was made, the lesion being located so as to press upon the fibres of the sixth, seventh, and eighth nerves and the pons. Small doses of iodide of potassium were prescribed, but the patient grew rapidly worse. The left hemiplegia became marked, and the right ear deaf. The headaches were of a most agonizing character. His illness now required his confinement in bed. Dr. W. D. Bayley, who assists me in my work at the Hahnemann College Dispensary, kindly consented to take charge of the young man at his home, and to his fidelity to the case and good judgment in its management the successful result is due. To make a long story short, iodide of potassium was prescribed in large and increasing doses, up to two hundred and forty grains daily. Improvement set in and continued to not exactly a complete recovery, but to one that is such for all practical purposes. The right eye no longer converges, and the left arm and leg have regained their power, and the right auditory nerve its function. But there still remains some slight impairment of the right facial nerve, as shown by the asymmetry of the face, especially when he talks or laughs, and his inability to close the right eye completely.

The following cases are remarkable for the very large number of cranial nerves paralyzed:

Case XII. Louise Q., æt. 60 years, applied for treatment March 7, 1888. She stated that for some time she had suffered from stitching pains in the left side of the face and dimness of vision. For four or five weeks before coming under treatment, she had noticed a gradually increasing ptosis affecting the left side. The sight of that eye has been gradually growing poor. She thought, too, that she was losing the power of her left arm and leg. An examination, however, showed that it was the right arm and leg that were partially paralyzed. She dragged the right leg in walking, and the grasp of the right hand was perceptibly less than the left. The right knee-jerk was far more energetic than the left. There was complete paralysis of every muscle of the left eye, and the cornea on that side was absolutely insensible to touch. The left side of the face had lost its sensation, and the mouth was drawn to the right. Placing my finger between her teeth and getting her to bite, showed that the muscles of mastication were more powerful on the right side than those on the left. An examination with the ophthalmoscope made by both Dr. Bigler and myself showed that she had previously had double optic neuritis, and there was a secondary optic atrophy now taking place. No attempt was made to elicit a syphilitic history, as her intelligence was not of the best. Her husband was in the soldier's home, completely disabled. Iodide of potassium was prescribed, and improvement set in, when she disappeared from treatment. She returned several months later with a relapse, but only reported there once.

Hutchinson and others speak of facial paralysis as almost unknown as a result of syphilis. This is probably correct as far as facial palsy being a manifestation of the stage at which syphilitic nervous affections usually appear. Keyes, and I think others as well, look upon peripheral facial palsy as a not uncommon complication of the early days of syphilis, coming at a time when the primary lesion has barely had time to disappear.

Hutchinson furthermore speaks of the rarity with which syphilitic diseases involve the nerves of the tongue. I have never read of such a case, yet one of this character came under my care almost the first day I assumed charge of the Dispensary for Nervous Diseases.

Case XIII. Geo. C., æt. 39 years, by occupation blacksmith, came under treatment March 20, 1882. Prior to four months before that time he had regarded himself as a perfectly well man, when his present ailment began. One evening he retired feeling as well as usual, after a hard day's work and considerable frolicking and dancing. On awaking in the morning he found himself utterly unable to speak or move his tongue. He could not swallow. After two months' treatment he improved somewhat, so that he could swallow and talk so as to be understood. Then he began to go down hill gradually. At the time he came to me, he was not able to talk; he could utter laryngeal sounds only. He was unable to pucker his lips, as in the act of whistling, and the saliva dribbled from his mouth. The pupils reacted normally. He had some double vision on looking downward and to the right. He had no pain or vertigo; the sense of taste was normal. He contracted syphilis sixteen years before his illness came on. Under treatment, iodide of potassium in very small doses, he went from bad to worse. He gradually lost entirely his ability to swallow. The face became more and more paralyzed, and the arms and legs lost in strength. The muscles over the entire body atrophied. The knee-jerks became very excessive. Finally, when death came, he was utterly helpless, paralyzed from head to foot, utterly unable to speak, eat, swallow, or move a single muscle of any extremity. No post-mortem examination was obtained by the physician under whose care he was when he died.

Another feature of syphilitic palsies is their anomalous character, probably due to a multiplicity of lesions or one lesion wide-spread in its distribution. The following case illustrates this point:

Case XIV. Andrew R., æt. 43 years, was in a car going home, when suddenly the sound of the car's motion seemed to change and he felt sick. He reached for the tobacco in his mouth with his tongue, but failed to get it, and had to use his fingers to remove it. When he reached his destination, he found that he required assistance to walk. He improved considerably under treatment in a few days, but at the time of coming under observation he staggered quite considerably in walking. During the last two months he had some trouble with his bladder, being unable to retain his urine. He had had syphilis sixteen years before, the secondary symptoms being unusually severe. There was some static ataxia. The patellar reflexes were exaggerated. He has never had any lightning pains. Iodide of potassium was prescibed, and effected some improvement in a short time, when he abandoned treatment.

It will have been noticed that in the descriptions of the above cases I have often stated that the knee-jerks were very much exaggerated. It is a peculiar fact that the knee-jerks are greatly in excess of the normal in the vast majority of cases of cerebral syphilis. Althaus has gone so far as to claim that in this exeessive exaggeration of the tendon reflexes we find a pathognomonic symptom of syphilitic paralyses. He acknowledges the frequency with which the tendon reflexes are exaggerated in cases of idiopathic brain lesion, but claims that in the specific cases the exaggeration is so very great that the very slightest tap on the ligamentum patellæ is capable of eliciting a response. Valuable as this sign is as confirmatory of an opinion that may have previously been formed, it is not by any means pathognomonic. I have seen excessive knee-jerks accompanying idiopathic brain lesions, as excessive as any of those in the specific disorders; and again I have seen occasionally syphilitic cerebral disorders in which the excess was not very marked. Still, in the majority of cases Althaus's observation holds good.

A form of coma peculiar to syphilis has been described by Althaus. Cases of this character are rare, still their associations are such as to make their exact nature certain. The premonitory symptoms of syphilitic coma are headache, mental confusion, drowsiness, indistinctness of speech, numbness and some slight loss of power. The symptoms of the attack set in during sleep, the patient being found in bed in the morning apparently unconscious. In some cases in which the coma is not profound, the patient may be aroused sufficiently to answer a question, but he immediately relapses into his former condition. The tongue is dry and protrudes with difficulty on command; swallowing is not readily performed. The eyeballs are sunken in their sockets, and there is apparently a slight outward deviation of the eyes. The greater the coma, the greater is this ocular deviation. Reflex excitability everywhere is diminished. The muscles throughout the body are in a condition of perfect relaxation. There is incontinence of urine and feces. The pulse is usually quite slow, but its character is variable. Respiration is slow and shallow, and the temperature is below the normal.

Syphilitic coma is to be distinguished from ingravescent apoplexy by the age of the patient; apoplexy occurring after the fiftieth year of life, and syphilitic coma before that time. Opium poisoning and hemorrhage into the pons, both having contraction of the pupil and coma, may be confounded with the syphilitic affection under consideration. In both of these conditions the myosis is extreme, that is, it is to the extreme limit possible, which is not the case in syphilitic coma. In opium poisoning the feces and urine are both retained. Coma of epilepsy is of shorter duration than the syphilitic variety, and should occasion no difficulty in diagnosis. In alcoholic coma, the breath of the patient settles the question, and the pupils are large. Uræmic coma is to be distinguished by the previous history, albuminuria, low specific gravity of the urine, uræmic headache and vomiting, and the complications with convulsions.

Aphasia is a frequent symptom of syphilitic cerebral disease. Coming thus, it presents no special characteristics to distinguish it from the non-specific aphasia, other than those peculiar to syphilitic cerebral affections in general. Owing to the liability of syphilitic cerebral lesions to multiplicity, the aphasia is not infrequently associated with symptoms unexplainable on the supposition of a lesion anywhere near the speech centres. Thus it has been observed that left hemiplegia occurs with comparative frequency in association with aphasia of syphilitic origin. This has led Wood to suggest that aphasia with left hemiplegia is almost certainly syphilitic.

Insanity occurs occasionally as a consequence of syphilitic involvement of the brain. In the vast majority of cases in which the mental faculties are impaired as the result of syphilis, careful examination will show that there is some local palsy, some convulsive phenomena,

or other symptoms to indicate that more than the psychical functions of the brain are affected. As to the characteristics of syphilitic insanities, but little can be said in the present state of our knowledge of the subject. These cases usually begin with mania, which may assume almost any form, and, if not cured, end in dementia. It is also well known that syphilis may produce a mental disturbance hardly distinguishable from general paralysis of the insane, except for its curability. General paralysis of the insane, itself, has been attributed to syphilis, and with apparent good reason, for a large portion of the patients affected with this disorder give a syphilitic history.

This finishes my review of syphilis of the brain. It now remains for me to speak of spinal and peripheral nerve syphilis. Of syphilis of the peripheral nervous system, there is little to be said, for illustrations of this condition are rarely met with in practice, unless they are complicated with involvement of other structures, the brain and spinal cord, for example.

Case XV. Mrs. S., æt. 45 years, a mulatto woman of known bad character, applied to me for treatment of a supposed sciatica, for which she had long been treated with various remedies, both homœopathic and allopathic, without avail. The pain was of a dull character, and almost constant; but especially worse at night. Electrical treatment availed nothing, as did likewise small doses of potassium iodide. She then passed from my hands, and was admitted to one of the large hospitals of Philadelphia, where she was given very large doses of the iodide, with the result of curing her pain. Since then this patient has had an attack of hemiplegia with aphasia, which was cured by the iodide of potassium as before. Only recently she had a most peculiar attack of spinal pain, with nocturnal aggravation, from which she has likewise made a most excellent recovery. She is now apparently well, and taking medicine regularly, so as to stay so.

When syphilis does involve the peripheral nervous system, it produces one of three conditions: 1. Neuritis, either affecting single nerves or wide-spread in its distribution. 2. Gummatous tumors of nerve trunks. 3. Secondary infiltration of the nerves by involvement in a pathological process starting in neighboring organs. When any of these conditions occur, it is almost invariably in association with symptoms indicative of disease in other portions of the body, as well as the nerves. The recognition of the true character of the ailment thus becomes an easy matter. The following case illustrates this well:

Case XVI. Mrs. B., æt. 40, contracted syphilis from her husband a number of years ago, the primary sore being on the abdomen. She had had at various times severe neuralgic pains in various portions of the body, but these had always yielded readily to iodide of potassium; but not persisting in treatment, they showed a tendency to return. Two weeks before coming under my care, they became especially severe in the back of the head. She also had severe sciatic pains. Her pupils were contracted and immovable. The knee-jerks were very much exaggerated. Under continued administration of iodide of potassium the pains have disappeared, the pupils are regaining their normal condition, and the patellar reflexes are less in excess of the normal.

Though spinal syphilis is not well understood as yet, it is far more frequently met with than is nerve syphilis. While on this point I wish to refer to the relation between syphilis and ataxia. At one time I took a very decided stand that there was none other than an accidental association of these conditions. Increased experience has led me to think differently. The vast majority of ataxic patients coming under my treatment admit a syphilitic history. As for the women thus affected, I have obtained a syphilitic history in every case, some eight in number. This statement is significant in view of the fact that a syphilitic history is not obtainable in the cases of other systemic diseases of the cord.

The symptomatology and pathology of spinal syphilis, as I have already intimated, are not well understood. Cases of this character are as yet supposed to be infrequent as compared with cases of cerebral syphilis, and post-mortem examinations are rarely obtained for the simple reason that the majority of such patients make a good recovery. As for data in enabling a diagnosis, I think the same principles prevail here as in the case of cerebral affections: the age of the patient, the apparent multiplicity of the lesion, and the exclusion of other typical non-syphilitic diseases. As the syphilitic poison may attack either the vertebræ, the meninges, or the cord itself, one can readily understand the great symptomatic differences that cases of spinal syphilis must present. Oftentimes they bear a most confusing resemblance to certain typical affections of the cord. Thus the following case was sent to me as one of locomotor ataxia:

Case XVII. Henry W. D., æt. 50 years, colored, came under treatment December 6, 1887. For six weeks past he had noticed a progressively increasing loss of control over the movements of the lower extremities, together

with loss of sensation in these parts. His gait was ataxic in character, but was not aggravated when walking with his eyes closed. The knee-jerks were absent. He had no pupillary disturbances, and only occasional darting pains. He admitted syphilis. The very short time this patient had been ailing was insufficient to account for the severity of the symptoms, had he had tabes dorsalis. For this reason spinal syphilis was diagnosed, and treatment instituted accordingly. Under the use of small doses of iodide of potassium he grew rapidly worse, and was confined to his house, unable to make the slightest movement of his legs. He was then visited by Dr. Jos. Rodes, now of San Diego, California, who then assisted me in my dispensary work, and who rapidly increased the dose of iodide until the patient was taking one hundred and fifty grains of the drug daily. Under this treatment improvement was rapid, and the man made a complete recovery, and has remained well.

Buzzard and others have reported cases of acute ascending paralysis apparently having a syphilitic origin, and indistinguishable from the idiopathic form of the disease. Autopsies in the few cases that have been reported have failed to fix the character and situation of the lesion.

Perhaps the most valuable symptoms as diagnostic of the syphilitic origin of a case of spinal cord disease, is pain. The syphilitic process usually involves the membranes of the cord, and is so situated as to cause some irritation of the posterior nerve roots. The pain may thus be in one fixed spot of the spinal column, or it may appear in different portions of the body, and partake of the lightning-like character of the ataxic pains. In some cases it may be of purely aching character, and fixed in one spot of the vertebral column.

Sensation is apt to be impaired at an earlier stage than the motion in spinal syphilis. Motor paralysis is ushered in by symptoms of irritation, as rigidity of the back and limbs, or even of single groups of muscles. Usually knee-jerks are exaggerated, and ankle clonus is present, though this is not invariably the case.

I have in preceding pages outlined the chief characteristics by which we are enabled to diagnose syphilitic lesions of the nervous system. The subject I believe to be the most important in the domain of neurology, owing to the brilliant results of treatment, when instituted early, and the most fearful termination of cases that are neglected for even a short time. I have made no attempt to differentiate the different syphilitic nervous conditions, time having been taken up too much with the principal portion of the subject. Still it is also an important subject, one having a direct bearing on the question of prognosis, just as does the early recognition of syphilis have on that of treatment.

ADDENDUM. On first laying out the plan of this paper, it was my intention to have reported Case XI., that of H. S. C., as one of congenital syphilis of the nervous system. My reason for this was that a younger sister, aged 14 years, had been the subject of hemiplegia for six years. She had marked contraction of the fingers, excessive knee-jerks, and occasional convulsions. At my request Dr. Bayley made most search for syphilitic history in the father, who, by the way, had been dead for a number of years; but failing to find such a history, I concluded that C.'s case was another illustration of the saying, "Omnis syphiliticus mendax," and gave the case the position above accorded it. This morning I received a letter from Dr. Bayley, telling me that my suspicion as to the hereditary nature of the syphilis in the C. family is probably correct, for the girl has improved on the administration of the iodide of potassium. He further tells me that two other sisters have these excessive knee-jerks, one of whom has persistent headaches, apparently causeless. I shall watch with interest the future development of these most singular cases.

EPITHELIOMA OF THE PENIS, CURED BY "THE MITCHELL METHOD."

BY W. E. GREEN, M.D.,

LITTLE ROCK, ARK.

WHILE visiting Hot Springs, in October, 1889, I was asked by my friend, Dr. S. M. Work (old school), to see a case of epithelioma of the penis, and to give my opinion as to the advisability of amputating the organ. The disease was of several months' standing, and had been diagnosticated and treated as epithelioma by several eminent physicians. Dr. Work had excised the prepuce, the original seat of the trouble, and had given the patient a thorough course of anti-syphilitic treatment, but the disease reappeared at the point of cicatricial union, and was rapidly spreading in every direction. I concurred in the diagnosis, asked the doctor to try the arsenical treatment, as recommended by Dr. Mitchell, for one month, and if at the end of that time there was no improvement, I advised that the organ be removed entire.

Upon my return home I sent him one ounce of the 2x trit. of Arsenicum for local application,

and one ounce of the 3x trit. for internal use, with a full explanation of the manner of using them.

In a personal interview that I had with Dr. Mitchell a few days before, he had given me a full statement of his experience in the treatment of the different forms of cancer by this method, and asked me to try it in some well-selected cases and report the results, all of which I promised to do.

I saw Dr. Work to-day, July 7th, 1890, and he told me that within two months the patient had entirely recovered, and had remained well ever since. He further stated that he had used the treatment in several cases of lupus, and that it had also proven curative in that intractable disease.

BAPTISIA TINCTORIA.

By P. B. MORGAN, M.D.,
SAN RAFAEL, CAL.

TWO things I would put as important to the physician who would make a successful use of Baptisia.

1. Let it be understood that the place filled by Baptisia is definable. And that,

2. When the drug is given in accordance with the conditions demanding it, then it can be relied upon as one of the most effective and certain remedies known in our materia medica.

What are these conditions? I should say, A low type of fever with septic development. Call this fever typhoid or call it nothing, it would be all the same. The conditions need not and should not be mistaken. At the beginning, middle, or end of a disease having these conditions, I should say this drug is capable of doing a good work. Rhus tox., Arsenicum, Lachesis and Muriatic acid may in some instances do a better thing for a patient, but this can be determined by noting and comparing the pathogeneses of these several drugs.

Now this, if true, is in admirable contrast with the vague and painful uncertainties of the antique school. In the one case we are guided by law, in the other by an hypothesis. And the difference between law and hypothesis is the difference between certainty and uncertainty; between a very satisfactory and for very many reasons enjoyable administration to the sick, and on the other hand a sorry, wearying, and painful sense of uncertainty that, like a spectre, haunts us day and night.

I was much impressed when lately reading my materia medica, the learned author remarked of the last-quoted symptom, "This we know can be relied upon." Immediately the question arose: What about the previous indications or symptoms? Are they merely hypothetical? It would certainly be very pleasant to know we might rely upon whatever enters into the teachings of honest men.

I find the late and lamented Farrington saying in his lectures: "There is a good deal of 'bosh' in our materia medica. And I fear that with all our 'provings' there is yet so much uncertainty about many of our drugs—including Baptisia—that not a few who call themselves homœopaths are as much the lost babes in the woods as are the empiricists themselves."

It is possible that no man knows all that might be profitably known of any one of our drugs. But what has been demonstrated a thousand times by men of marked ability and integrity, it would seem like folly to dispute. Farrington says of this great remedy: "Baptisia is suited to all stages of typhoid, early or late." "The properly tested drug *will* avert typhoid fever."

Dr. E. M. Hale says: "This indigenous plant has proved to be one of the most valuable additions to our materia medica. It has become an indispensable agent in the treatment of adynamic fevers and similar diseases."

Dr. W. H. Burt says of Baptisia: "The blood rapidly tends to disintegration, the excretions become offensive, . . . a tendency to general paralysis and profound debility, all indicate a typical condition where this remedy has no rival." "No remedy equals Baptisia in the fever of diphtheria." "Very valuable in dysentery."

Dr. Scudder says of Baptisia for the indications named: "There is no remedy more certain."

This being so, what shall be said of those who, with the utmost candor, affirm that having put this matter to the test, their experience with Baptisia has been *nil*; that the link between the pathogenesis of Baptisia and clinical verification has never been welded; and that our great English teacher, Dr. Richard Hughes — and by implication all others who teach as he does—should be protested against as unreliable?

I do not know that anything need be said. This is a free country, and we believe in a free press. And, moreover, the world is too full of anomalies to seriously engage the attention of men who have business.

The student and recent graduate must sooner or later learn that wheat comes from great stacks of straw and chaff. Only let them learn well how to thresh, and see to it that at no time they are themselves caught with chaff.

I am, however, much impressed with the different methods which may possibly be employed for reaching the same end. Let me illustrate: A quotation was made in the article referred to which gives some seventy or eighty symptoms—fifty of which I am sure might apply to half a dozen other drugs as well as Baptisia. The word "putrescence" was once used in the quotation, and I think must have proved exceedingly helpful. Now, admitting that what we want is positive, reliable and unmistakable knowledge about a drug, and admitting—which I shall assume we do—that "A reflex symptom is far less valuable than a primary or idiopathic one," would not the two words *septic fever* serve more effectually to give the student the exact knowledge he seeks concerning Baptisia than the lengthy and wearying repetition of these seventy or eighty symptoms? Perhaps you say, give us both. I agree to the proposition—not as a compromise, but as complementary one to the other, as the two oars necessary to our boat. But I would insist upon it, that the pathological or physiological pathogenesis of our drug as set forth in these two words shall not hereafter be left out.

With this definition, I fail to see why others should not see what so many trustworthy witnesses affirm they see, namely, that Baptisia tinctoria is a very superior and reliable remedy in septic fevers.

There is, however, one consideration more which may help the otherwise inexplicable. I refer to the fact that the herbs and roots of commerce, which may sometimes deceive honest pharmacists, are known to be often without the slightest worth. A reliable preparation, therefore, procured from a reliable house, might essentially help in clearing up the anomalies and the uncertainties which now spread their dubious shadows over this and a few other portions of our materia medica.

CHRONIC DYSMENORRHŒA.

BY ALICE EWING, M.D.,
CHICAGO.

[Read before the Illinois Homœopathic Medical Association, Chicago, May 13-15, 1890.]

ALMOST any form of uterine or pelvic disease is ascribed by good authority as a cause for pain at the time of the monthly flow, and yet all these forms of disease may be found to exist without dysmenorrhœa. Within the brief time in which I have had personal experience in observing and treating gynecological cases, I have found patients with various forms of lacerations and inflammations, with versions and flexions and contractions, even with the so-called pin-hole os, menstruating without pain. I have seen one case in which the entire lining membrane of the uterus was thrown off each month either in shreds or as a complete cast of the uterus—a true membranous dysmenorrhœa; and it passed without suffering.

It is true that many cases of this disease are benefited, temporarily, at least, by relieving local conditions, correcting flexions and versions, making dilatations, etc. But there is a class of hopeless cases going the rounds of the profession, being treated under every imaginable diagnosis, and without relief. It is with regard to this class that I have some positive convictions.

I will give a brief description of a case which came under my professional care about seven months since, and which is typical of the class of cases to which I have made reference in this paper.

The young woman had a history of having been feeble in childhood, of a late establishment of the catamenia, with little suffering; of overstrain from study and teaching; later, of the development of local symptoms which led to an examination, revealing an ante-verted uterus; still later, of leucorrhœa, differing in character at different times, being thick and gelatinous, then watery and sanguineous, then thick and chocolate-colored. Still going from bad to worse, shreds of pseudo-membrane were exfoliated, both at the time of the flow and during the inter-menstrual period, and at one time there was a discharge of pus and blood, showing that an abscess must have discharged from the uterus. As a climax, the uterus assumed a position of extreme ante-flexion and ante-version, so that it rested as far over the bladder as it is possible for a uterus to get.

With appropriate treatment these conditions, one by one, disappeared, until the uterus was pronounced by a distinguished gynecologist to be perfectly normal in every way, and a fair degree of general health had been regained.

This is the story of fifteen long and weary years during all of which the patient had suffered from an ever-increasing and persistent form of dysmenorrhœa, beginning with a few hours of pain on occasional months during the early part of menstrual life, and increasing to an illness which kept her in bed from three to five days with each recurrence of the dreaded period.

The interesting feature in this case is that nearly all the forms of uterine disease which are usually made to account for dysmenorrhœa had been present, and had been recovered from,

with only temporary and partial relief of the dysmenorrhœa. Physicians told her that she was virtually cured, and that she would gradually recover from the difficulty, but without giving any reasons for their favorable prognostications, which was poor comfort for the suffering patient, as the trouble was all the time increasing.

When this patient came under my care, eighteen months after the uterus had been pronounced normal, there was quite a marked degree of ante-version and enlargement, conditions which might have arisen subsequently, but with another condition, which I believe must have been overlooked by the physicians who pronounced her sound, and the very condition which accounted for her menstrual difficulty, as I will attempt to show. I refer to a reddened, everted condition of the os externum, which indicates disease of the endo-metrium, extending through the cervical canal, and probably throughout the entire cavity of the uterus. Now, I believe very little in the obstruction theory, although supported by such eminent authority as Hewitt, Sims, and others, who state that chronic dysmenorrhœa in the majority of cases is due to an impediment to the flow, and that such an impediment is, in all probability, a flexion. If there is a time when a flexed and displaced uterus resumes its normal position, it is just before the flow, when the tissues in and about the organ are surcharged with blood. Furthermore, if this were such a common cause of chronic dysmenorrhœa, it would not be so difficult to cure, for the correction of uterine flexions is one of the comparatively easy things in gynecology. I believe very little in any of the theories advanced for the explanation of this most troublesome malady, no matter how well they may be supported by authority. Too much devotion to authority is a great stumbling-block to advancement in the science of medicine.

I do believe, however, that a healthy condition of the endometrium is essential to painless menstruation. Why not, when it is right in this membrane that the subtle processes take place which attend the menstrual effort? It is here that the mouths of the capillaries open to relieve the surcharged vessels; it is here that the old decidua menstrualis degenerates and the new one is formed. It is right along this membrane that treatment must be applied to cure the class of cases that I have attempted to describe.

Intra-uterine applications of galvanism, the negative electrode in the uterus, current-strength 15–30 m., applied from three times a week to once a month, has cured my patient, so that she is no longer under treatment, but follows her usual routine of duties during the monthly period.

To search the early history of this case, and to show clearly what causes had been at work, and how they worked, to bring about a pathological condition which perpetuated her suffering even after those causes had been removed, is more than I can do; but I believe the primary cause is constitutional, and entirely outside of the uterus itself. But in making this statement I again go against authority, for we find eminent men trying to account for uterine pathology by causes within the organ itself. My discussion has reference to those cases only in which disease has come about, not from accidental causes, but solely from causes inside the patient's own organism. Why should a little muscular organ like the uterus, inert during the entire inter-menstrual period, with proper nerve- and blood-supply, protected from injury on all sides by its position within the bony walls of the pelvis, in and of itself become the seat of disease in an otherwise healthy organism, any more than the biceps or deltoid, or any other muscular organ in the body, should do so?

In my opinion, there is first of all a disturbance of the nervous system, and one of the first results of this is the displacement of the uterus. There is no other way in which to account for the numerous displaced uteri in young girls. It may be asked why this loss of tone on the part of the nervous system causes displacements, which can be answered only by the theory of evolution: The human family is not yet perfectly adapted to the upright position of the body. The displacement gives rise to other conditions, more persistent and incurable; therefore, the displacement should be early recognized and corrected, even if it is only a slight ante-version. But here, again, I am opposing authority, for have we not often heard from those eminent in the profession that an anteverted uterus does no harm? that the bladder furnishes a good support for the uterus? But why should a sensitive organ like the bladder be expected willingly to support the weight of the uterus any more than the rectum should do so? and why is not the pelvic circulation as much disturbed by an anteverted uterus as by a retroverted one? I would not accept this statement upon the best of authority unless I could see a woman with an anteverted uterus with absolutely no signs of disturbed health, and such an individual I have never been able to find.

Not many days since a noted specialist, in examining a patient for me who had a prolapsed ovary, said that it was a matter of no importance, another statement that I decline to accept upon any authority whatever: for how can a sensitive, highly organized body like an ovary be as well off down upon the rectum, where all the contents of the bowels pass over it, as it is in the side of the pelvis, out of harm's way, where it naturally belongs?

I do not find all the conditions of the case described in all cases of chronic dysmenorrhœa, by any means, but I find some things to correspond, and one thing almost universally prevalent, and that is the evidence of a diseased endometrium. The *modus operandi* of the electricity in restoring the membrane to a healthy condition I cannot explain, but it in some way forces nature to remove the abnormal products of a long-standing inflammation, which has brought about a thickened, fungoid condition of the membrane without destroying its glandular or follicular structures, and for that reason it is preferable to any form of cautery or curetting.

My experience in observing these cases is limited, but my convictions are strong that a diseased endometrium is an important factor in producing chronic dysmenorrhœa, and that I only await the "long results of time" for a stronger support of my theory.

5306 JEFFERSON AVENUE.

The Coming Man.—I imagine that when we look back from our home in the unseen universe ages hence we shall see, without much doubt, a race of men differing from those of to-day as much as the man of to-day differs from his simious, perhaps simian, ancestors. The brain will be developed to meet the more complex and serious taxation of a more complex and trying civilization; the vital powers will be intensified; the man, reducing the powers of nature still more completely to his service, will depend less upon the exertion of his muscles, and they will be correspondingly and comparatively less powerful, though they will probably, nevertheless, I imagine, continue to grow somewhat in size, as they unquestionably have grown since the Middle Ages; the lungs must supply aeration to a larger and more rapidly circulated volume of blood richer in the phosphatic elements especially needed for the building up of brain and nerve; the digestion must supply its nutriment in similarly increased amount and altered character and composition; the whole system must be capable of more rapid, more thorough and more manageable conversion of the energies of the natural forces to the uses of the intellect and the soul which inhabits it.—*Prof. Thurston.*

WORTH KNOWING.

It is a fact that injuries to the skull, and not always severe ones, are sometimes followed by immediate complete incurable blindness of one eye.—*Dr. Carl Roller.*

The mortality of the cases of acute alcoholism is very considerable. If we include the cases of those that die from pneumonia and other complications, it must reach nearly ten per cent. —*Dr. C. L. Dana.*

Investigations by Gatelier and L'Hote seem to prove that the proportion of gluten in wheat may be increased by cultivation, and that it depends on the proportion of nitrogen to the phosphoric acid used in the manure.

The success of Younger's operation for the transplantation of teeth has proved disappointing. In the best cases, after a year or more, the roots undergo absorption, and cause so much trouble that the teeth must be removed.

Croup in its mildest form occurs most frequently in those children who have full faces and slender limbs, and are of delicate constitutions and nervous temperaments. Such children usually have clear, pale complexions, may be fat, but are rarely, if ever, over-muscular.—*Dr. Winter.*

A man for a year and a half suffered from most unpleasant cracking noises in his left ear. These occurred every five or six seconds, and could be distinctly heard by a person standing twenty centimeters away. The patient had no deafness or inflammatory trouble, but examination of the drum showed a split in it, through which air was forced with each act of deglutition.

To expel mosquitoes, take of gum camphor a piece about one-third the size of a hen's-egg, and evaporate it by placing it in a tin vessel and holding it over a lamp, taking care that it does not ignite. The smoke will soon fill the room and expel the mosquitoes, and they will not return, even though the windows should be left open all night.—*The Doctor.*

It is a mistake to suppose that because milk is a liquid food, it is at the same time a drink which is capable of satisfying the thirst of infants. Although milk appeases hunger, it makes thirst more intense after it has remained some time in the stomach and digestion of it has begun. It is thirst which causes healthy, breast-nourished infants to cry for long periods of time in many instances. There are many cases of indigestion due to weakness or insufficiency of the child's gastric juice, which would be greatly benefited or even cured if the child were allowed an occasional drink of water.

The employment of the telephone frequently repeated seems to cause no bad effect in healthy ears, but it is injurious for ears that have an existing lesion. The symptoms caused by the continuous use of the telephone are loss of acuteness of hearing, owing to fatigue of the auditory attention, tinnitus and divers subjective noises, cephalalgia, vertigo, nervous hyper-excitability, and even transient psychic troubles.—*Dr. Lannois.*

Of two men equally well-informed, one tells us that while membranous croup is almost always fatal, the spasmodic and simply inflammatory form will almost as surely recover even without treatment; the other will tell us that they are essentially the same thing, and that the mildest variety, unless properly treated, will go on to membranous formation and death.—*Dr. J. T. Winter.*

It is not intellectual work that injures the brain, but emotional excitement. Most men can stand the severest thought and study of which their brains are capable, and be none the worse for it, for neither thought nor study interferes with the recuperative influence of sleep. It is ambition, anxiety and disappointment, the hopes and fears, the loves and hates of our lives, that wear out our nervous system and endanger the balance of the brain.

An important superiority of electric light over the other sources of light is to be found in its action on the change of the air in the space subjected to illumination. Our usual lighting materials consume a large quantity of oxygen, and produce at the same time carbonic acid and water in various quantities, deteriorating the air in the same way as consequent on the respiration of a certain number of men. On the other hand, electric light, besides its trifling influence on the heat, leaves the air entirely unchanged in this respect.—*Dr. Pettenkofer.*

An instrument has been invented called a stomach-brush. Of course the daily application of the stomach brush is the infallible remedy or preventive of all diseases that can be imagined. Whoever uses this cure requires no other medicine, for it is good against all—cold, hot and poisonous fevers, it gives a good appetite for eating, it is good against asthma, hemorrhage, headaches, chest complaints, coughs, consumptions, apoplexy, toothache, sore eyes, dysentery, quinsy on the tongue, quinsy in the throat, ulcers, abscesses, cardialgy; it favors digestion, strengthens the heart, drives away pimples on the skin, is against choking in the stomach, etc., makes too fat and asthmatical and swollen-up people thin, and, on the other hand, makes thin people fat.

Here is the exact receipt of the solution now used in the fire extinguishers offered for sale: Take 20 pounds of common salt and 10 pounds of sal ammoniac (muriate of ammonia to be had of any druggist), and dissolve in 7 gallons of water. When dissolved it can be bottled and kept in each room in the house, to be used in an emergency. In case of a fire occurring, one or two bottles should be immediately thrown with force into the burning place so as to break them, and the fire will certainly be extinguished.

When a patient is under chloroform, in French practice, on the slightest symptom appearing of failure of the heart, they turn him nearly upside down—that is, with his head downward and his heels in the air. This, they say, always restores him; and such is their faith in the efficacy of this method that the operating tables in the Paris hospitals are made so that in an instant they can be elevated with one end in the air, so as to bring the patient into a position resembling that of standing on his head.

The assistant examiner of Chinese customs service has sent to the Treasury Department here a printed list of Chinese medicines exported from Yangtse ports. Among the remedies are tigers' bones, ground blood, bears' gall, asses' glue, tree bugs, elephants' gall, fossil teeth, fowls' gizzards, "insects of nine smells," Job's tears, cow-hair, glass, rhinoceros horns, cow's knee, puff balls, dragons' teeth, straw, hedgehog skins, dried silkworms, snake-skins, crabs' eyes, horse-tails and centipedes.—*N. Y. Sun.*

It is claimed that persons addicted to the use of alcoholic liquors can be entirely cured by the new French method of hypnotism. The patient is hypnotized, and then told by the doctor that he must never want to drink again, but must feel disgust for liquor. This method of treatment is said to be successful in every instance. Mrs. Hannah Whithall Smith writes to Miss Willard that the cases are wonderful, and have excited so much attention that French specialists now have a hospital devoted to the treatment and publish a review.

The teaching heretofore extant that gonorrhœa in the female is less serious than in the male is wrong, *and must be rewritten.* I agree with Van Buren and Keyes, who says "gonorrhœa sends more to the tomb than syphilis;" and let me add my belief that the same foul virus sends twice as many women to the grave as men. While the female urethra is less likely to suffer, the Fallopian tubes and ovaries furnish a secret lurking-place for the gonococcus, where its work of destruction is beyond the reach of remedial agents at a stage of the disease when total annihilation could be hoped for.—*Dr. Jas. Eastman.*

SELECTIONS.

The Epidemic of Yellow-Fever in Jacksonville, Florida, in 1888.

The following very interesting paper, by Dr. Henry R. Stout, was read at the meeting of the American Institute of Homœopathy in Waukesha, Wisconsin, June, 1890, and published in the *North American Journal of Homœopathy* in its issue of July, 1890:

The morning of August the 9th, 1888, dawned upon a panic-stricken city. The newspapers announced that on the previous night several cases of yellow fever had been discovered in one house, and that they had been removed to the Sand Hills Hospital, some three miles from the city.

About one week before this, one case was discovered in the person of a man who had just arrived from the southern portion of the state, where yellow fever had prevailed the previous summer at Key West, Tampa, Manatee and Plant City. The disease had hibernated at one or two points in that section, and this man had evaded the quarantine which had been held against these infected points, and had arrived in Jacksonville in the first stage of the disease.

This first case, as soon as discovered, was taken to the Sand Hills Hospital (provided for such emergencies), and it was hoped that no other cases would occur from it. Some people, however, left the city in anticipation of a spreading of the disease; but there was not any serious uneasiness manifested until the Board of Health announced, by proclamation, that there were several cases in the city. This proclamation created the wildest excitement in our midst, and every train and boat leaving the city was crowded to its utmost capacity with men, women and children fleeing from the impending scourge; wagons loaded with people and furniture left the country in all directions, and in a very short time all vacant houses in the country were occupied by the refugees; many, therefore, camped in tents in the pine woods. Fully twenty thousand people left the city, and business was, in consequence, completely paralyzed. Quarantine against us was immediately declared by almost the whole United States, and refugees suffered great hardships, being driven from town to town, and house to house, when it was known that they were from Jacksonville. The entire country appeared to be in a condition of panic.

People leaving the city were, immediately on their arrival at some more northern point, dogged by detectives and kept under surveillance in order to find out if any symptoms of disease were developed in them. The death of the eminent astronomer, Prof. R. A. Proctor, was due to this panic condition of the public mind. Leaving his home in Florida, which was remote from any point of infection, and in a section where yellow fever had never appeared, he went to New York to sail for England. While at the hotel he was taken sick with what was probably an attack of malarial fever. Having just come from Florida, he was considered a suspicious case, and the health authorities caused him to be removed from the hotel at night, during a rain storm, and his death was the result.

Immediately on the announcement of the fever, the Sanitary Association was formed, composed mostly of those who intended remaining in the city. The object of the Association was to correct, without delay, any defect in the sanitary condition of the city, and to use all possible means to prevent an epidemic. People were urged to leave the city, and the Association established a camp seven miles from it, and erected comfortable houses to accommodate several hundred people, and, in addition, provided them with food.

The United States Government purchased ground on the banks of the St. Mary River (the boundary between Florida and Georgia), and formed another camp under the charge of the Marine Hospital Service. At this point, Camp Perry, everyone desiring to leave Jacksonville for northern points was obliged to serve quarantine; those who had had yellow fever for three days, in order that their baggage might be fumigated; others for ten days, all at the expense of the government.

Notwithstanding all the means used to prevent the spread of the disease, it was soon declared an epidemic, and the inhabitants who had remained in the city settled down to a three-months' fight with disease and death. No one who has never passed through an epidemic of yellow fever can realize the horrors of the situation; business houses closed, residences deserted, and familiar faces seen no more; the streets, lately so full of life and activity, deserted also, except by the carriages of the hurrying doctors and nurses, and the dead-wagon or hearse.

At night the situation becomes intensified; the streets then being only lighted by an occasional gas-lamp, with here and there a house with a light dimly burning in the room of the sick, or the dying, and a stillness over the city like that of a great forest.

When the morning comes we read in the newspapers the names of those stricken with the disease on the previous day, and the list of the dead, perchance, containing the name of

a friend whom we had clasped by the hand only a day or two before, and as we go about our daily task we wonder who will be the next.

Thus time passed on, day after day, week after week, month after month, until people became indifferent to their surroundings, and isolated from all the world, laughed, and became almost merry amid the gloom.

The difficulty of obtaining nurses in the beginning of the epidemic was very great, and some no doubt died for lack of proper attention. As an instance, a lady to whom I was called in the afternoon, and who was alone in her house, was without assistance for over twenty-four hours, except such attention as could be given her by a colored woman who was attending two cases in an adjoining house. This case was of a particularly restless type, and needed the best of care, but not receiving it, she succumbed to the disease, having black vomit on the third day, which, however, yielded to treatment, but in two days she died from uræmia.

The call of the Sanitary Association for assistance soon resulted in the arrival of several hundred nurses from all parts of the United States, and thereafter all the sick were provided for.

Several deaths occurred among the nurses, and it can truly be said of them that they laid down their lives for their fellow men. As a body they were self-sacrificing, faithful to their duties, and worthy of all praise. Many of them were from northern cities, were entirely unacclimated, and unused to yellow fever, yet they unflinchingly took their lives in their hands, with almost a certainty of contracting the disease, and endured, without complaint, all the hardships incident to their positions, and in some cases fell at their posts as a soldier falls in battle, but not sustained as he is by the excitement of conflict with a visible foe.

One case that came under my notice was particularly sad. I had made a detail from the Medical Bureau for a nurse for a patient, and when I made my next visit I was greeted by a very gentlemanly, refined-looking young German. I saw that he was above the average of men in intelligence and culture. He told me that he had been in the United States but a few weeks, and on my expressing surprise he should have incurred such risk as he had in coming to Jacksonville, he said that, being a single man, with no family dependent upon him, and being anxious, also, to become acquainted with yellow fever, he could afford to incur the risk. He was, however, extremely nervous, having been much affected by the deaths of a gentleman and his wife, who had been his patients previous to this case. About the third day, as I entered the sick-room to make my evening visit, I found him with all the symptoms of the first stage of yellow fever. At his request I notified a gentleman whose acquaintance he had made since coming to the city, and this gentleman, instead of sending him to the hospital, took him to his own residence, from whence John Walter Warier passed to his reward.

As many as possible of the unacclimated nurses were sent to Sand Hills Hospital. This hospital was situated in the pine woods, three miles from the city. The non-contagious character of yellow fever was well illustrated at this hospital. With between two and three hundred patients during the epidemic, not one of the nurses or attendants had the disease. The pure air of the pine woods did not become infected.

Another illustration was given by the immunity enjoyed by those families who lived at Pablo Beach, 16 miles from the city, on the seashore. Gentlemen from here, as well as from other points, would come to the city each day at nine o'clock and return at four o'clock, and in some cases visited their friends who were sick, but not one had the disease, nor were the germs carried to any of these points.

Yellow fever is pre-eminently a disease of the night. I doubt if it is ever contracted during sun-light. I believe that it is propagated on the surface of the earth, and favored by the dampness of the night and the absence of the purifying rays of the sun. It advances steadily from the point of infection at a certain rate per diem, stated by some authorities as forty feet, and uninfluenced by currents of air. I noticed at one time in the epidemic that during the continuance of a strong north-east gale for several days, the disease advanced toward that section of the city as though a dead calm prevailed.

The disease presented all the well-marked characteristics that have been observed in other epidemics. The attack was not generally preceded by any prominent symptoms, and the person might be seized suddenly with a chill, soon followed by fever, aching of the bones, etc. In some the attack was ushered in with great nervousness and a feeling of alarm. I had cases of men who could not control their emotions, but would weep when first attacked. This feeling was perhaps due to the depression felt by everyone, whether sick or well. Some cases were very turbulent and restless, and required the most careful attention. Should they uncover themselves, and the perspiration thereby be checked, the result was liable to be serious.

In our practice we did not induce the excessive sweating that our allopathic brethren did. Their patients would not only saturate the bedding and mattress, but in some cases wet the floor underneath the bed.

We generally began the treatment of a case with a hot foot-bath, which relieved the pains and nervousness, and about the same time administered an enema of warm water to evacuate the bowels. The patient was then put to bed, covered with a sheet and one or two blankets, and *aconite* 3x administered every half-hour or hour. He was allowed a reasonable quantity of water to drink, and sometimes cracked ice.

In the course of twenty-four or thirty-six hours either *belladonna* or *bryonia* would be indicated. Within the next day or two *mercurius vivus*, *china*, *arsenicum*, or possibly some other remedy, would be required. *Argentum nitricum*, *sulphuric acid* and *arsenicum* were sheet anchors in black vomit, and *cantharis* and *apis* for scanty or complete suppression of urine.

A decoction of *watermelon seeds*, with a teaspoonful of *gin* to a small glass of the decoction, as recommended to me by Dr. Falligant, of Savannah, I found to act exceedingly well as a diuretic. Other remedies were required in the various complications; but our works on practice, particularly "Kippax on Fevers," treat fully on these points, and it is unnecessary for me to refer to them. The remedies were used in the 3x, 6x and 30x potency.

Stimulants were necessary for collapse and during convalescence, and of these brandy and champagne were the best. The latter particularly is exceedingly beneficial.

The diet must be managed with the greatest care. A return too soon to a substantial diet is almost certain to be followed by disastrous results. During the course of the fever gruel should be the only food allowed, followed on the third or fourth day by chicken broth, milk, or milk with lime water. The bowels should be moved by enemas of warm water.

Our allopathic brethren, with nothing to guide them in the selection of remedies, floundered about in their usual aimless manner. The germicidal treatment with *bichloride of mercury* was very popular with the doctors. They were determined to exterminate the germs which infested particularly the intestines, but appeared to lose sight of the fact that the microbes could withstand more *mercury* than the unfortunate patient, and the result was generally disastrous to the patient. Some prescriptions for this drug that I saw showed that it was given in the most reckless manner. One physician reported a mortality of twenty-eight per cent. in cases treated with this *mercury*. A case to which I was called, where the lady had been sick for two weeks under allopathic treatment, exhibited all the symptoms of poisoning by *bichloride of mercury*: she died exhausted by the powerful dysentery produced by the drug. I consider it but a degree less than criminal that physicians should continue to use such treatment for disease when there is within their reach a system of treatment which will save two-thirds or more of those who now die; but restrained by prejudice, without reason, they will not learn.

The very best and most rational allopathic treatment can show no such results in yellow fever as homœopathy has shown in many epidemics. Under this treatment the disease is no more to be feared than an ordinary remittent fever. That such is the case is capable of demonstration from the books of the Board of Health. There were reported 4,696 cases, with 430 deaths, a mortality of 9 2-10 per cent. Of this total number of cases 2,173 were white, with 331 deaths, a mortality of 15 2-10 per cent. The mortality among the negroes was 4 per cent. At the Sand Hills Hospital, 216 cases were treated with 34 deaths, a mortality of 15 7-10 per cent.

There were treated homœopathically by Dr. P. E. Johnson, Dr. C. W. Johnson, and myself, 501 cases, with 13 deaths, a mortality of 2 6-10 per cent. This death rate can, I think, be properly compared to that of the whites, inasmuch as we had very few colored cases; but even compared to the general mortality rate, it is less than one-third.

Included in the 13 deaths is one that died from poisoning by *bichloride of mercury*, but which I reported as yellow fever, and one which had been abandonded in a hopeless condition by an allopathic physician.

The question of the prevention of epidemics is still unsolved. The inoculation theory of Dr. Fréire of Brazil, while claimed by him to be successful, is strongly combated by Dr. Geo. M. Sternberg. The concussion theory, of which Mrs. H. K. Ingram claims to be the author, was tried to a limited extent in this city. The theory is, that by the explosion of gunpowder at night the concussion of the atmosphere destroyed the disease germs. A test was made early in the epidemic with six pieces of artillery. After five nights the test was suspended, in consequence of the ammunition becoming exhausted, and before another supply could be procured, so many artillerymen had left the city that it could not be resumed. Nothing was proven, except the fact that the sick could not endure the noise of the firing of cannon in the streets.

It was reported in the newspapers that Mr. Thomas A. Edison claimed that an epidemic could be prevented if, on the discovery of the first case or cases, the ground about the house and streets about the block were saturated with a germicide. To get an authoritative statement, I addressed a note to him, asking for further information. He replied that a five per cent. solution of *caustic soda* would destroy every living thing, both animal and vegetable; that it would remain where it was put for weeks, notwithstanding rain; and that germs passing along the ground would be killed by it. If the theory of the propagation of yellow fever along the surface of the earth be correct, and there is every reason to believe it is, the plan of Mr. Edison is well worthy of trial.

Athetosis — Its Pathological Anatomy.

Before the American Neurological Society, Dr. G. M. Hammond read a report on the pathological findings in the original case of athetosis on which Dr. W. A. Hammond's description of athetosis was based. After briefly referring to the case in detail, Dr. G. M. Hammond stated that the portion involved in the lesion was a lengthy one in the antero-posterior direction, parallel in its short axis with the internal capsule. Its posterior end had invaded the stratum zonale of the thalamus in its posterior half of the internal capsule. In its anterior extension it had crossed the capsule, invading the posterior third of the outer articulus. The author called attention to the fact that the motor tract was not implicated in the lesion, and argued that this case was further evidence of his theory, that athetosis was caused by irritation of the thalamus, the striatum, or the cortex, and not by a lesion of the motor tract. Dr. E. C. Spitzka reported a case in which the lesion was found in the same situation as in Dr. Hammond's case.

Dr. E. C. Seguin presented a paper on athetochoreic spasm of the right side of the body. The post-mortem had shown a glioma of the left thalamus opticus and adjacent internal capsule. Dr. Seguin's views were that all cases of athetoid and choreiform movements following hemiplegia were due to lesions involving the thalamus and adjacent capsule.

Treatment of Typhoid Fever.

The treatment of two hundred cases of typhoid fever, in the practice of Dr. W. C. Goodno, of Philadelphia, is thus summarized:

The two hundred cases were treated medicinally with the following remedies stated in the order of their frequency of use:

Bryonia, Rhus, Phosphoric acid, Baptisia, Hyoscyamus, Gelsemium, Arsenicum, Belladonna, Muriatic acid, Lachesis, Stramonium, Taraxacum, Fluoric acid, Zinc phosphide.

The food consisted mainly of milk, home-prepared beef-tea, and farinaceous gruels, and, during convalescence, a tardy return to solid food.

Water was given freely, unless the digestive tract was disturbed. If so, it was restricted, according to the circumstances of the case.

Stimulants were used but scantily until late in the second series, and then in the form of wine-whey, whisky or brandy, and, a few times only, champagne. Spongings were employed from one to three or four times in the twenty-four hours. The wet sheet was employed in two cases; cold packs to the abdomen several times, and a moist cloth covered with oiled silk or a dry towel in most; the bath twice.

Medicines were first prescribed symptomatically, Byronia being preferred during the first week.

Rhus as soon as the typhoid state appeared, Baptisia being preferred in some instances.

Arsenic after intestinal ulceration was well under way, and constitutional deterioration marked.

Phosphoric acid for diarrhœa.

Muriatic acid, when muscular prostration was the prominent feature, but seldom before the second week.

Gelsemium when muscular prostration was early.

Hamamelis for the hemorrhages.

Belladonna for the early headache.

Taraxacum for the pains in the extremities.

Fluoric acid for parotitis, periostitis, etc.

Phosphide of zinc for the sequential nervous feebleness.—*Hahnemannian Monthly.*

The Physical Evils Arising from the Prevention of Conception.

Much has been said and written concerning the prevalent evil of criminal abortion. Prizes have been offered by various medical associations for essays containing some practical means of preventing so hideous a crime. The profession is fully alive to the heinousness of the offense. The public weal demands that it should be stopped, for it saps the very root of the family, the foundation of society. But is there not another evil of common practice, a degree less heinous, it is true, which calls for more than passing notice from all physicians, but especially from gynecologists and obstetricians? I refer to the wide-spread and prevalent effort to prevent conception by methods harm-

ful in their nature and criminal in their intent. It is a sad reflection on our boasted progress that such practices should be most common in those nations which are considered the highest in the scale of civilization. It is the product of luxury, the outgrowth of sensuousness. The boastful citizen of the cultured class cries out against the brutal destruction of infantile life as practiced by the outside barbarians, and yet he does not hesitate to wantonly commit the crime for which Onan was so severely punished. It would be interesting to discuss this question from a moral standpoint, but it is better, perhaps, to leave that phase of the subject to the clergy, who should have the courage to tell their people from the pulpit that the adoption of criminal means to prevent conception desecrates the sanctity of a man's home und makes him false to himself and the woman he has sworn to cherish. But let us rather consider this disagreeable subject from a scientific point of view, and having proven that the prevention of conception by criminal means is a violation of the physical as well as the moral law, let us endeavor, if possible, to discuss some means of stopping a sin crying to nature for vengeance.

There is, of course, no positive means of obtaining any reliable statistics as to the frequency with which married or unmarried people endeavor to prevent conception. But it seems to me that an altogether too large number of husbands and wives are seeking to prevent additions to their families by means both criminal and hurtful. The young physician is tempted by bribes and blandishments to produce abortions. To his credit be it said, he rarely falls. As time goes on and he begins to get a family practice, he will frequently be importuned to give some specific by which man and wife may enjoy the lustfulness of the flesh, and yet not reap the consequences. Five women of this city pooled their issues, and sent five dollars to an impecunious but ready-witted scoundrel who advertised to give for that sum a certain means of limiting the number of their offspring. He earned his money, but think you they followed his advice when he told them that abstinence from their marital privileges was the only sure means of preventing conception? That is one of the strongest points we can make when advising our patients against the adoption of criminal methods in order not to have children. Abstinence is the only sure means. They may try every other method that the ingenuity of prudence or bestiality may suggest, and yet find their efforts not only uncrowned by success, but most hurtful to their physical selves.

"There were Malthusians before Malthus," yet it is to be doubted if ever before the enunciation of the views and maxims of that revered student of political economy there were published in so open and shameless a manner the various means thought to be potent in preventing impregnation. The blame for this may not, perhaps, be justly laid at the door of Malthus, because his panacea for the prevention of overpopulation was marriage late in life. He would not have marriages take place until the period of greatest fecundity had been safely passed. But close in his footsteps came other pseudo-philosophers, male and female, each with a certain means, learned from man's lowest nature, by which the pleasures of the flesh could be indulged in without fear of consequences. It is a matter of curiosity to read that the male favors withdrawal, whilst the female contends for some occlusion of the uterine orifice which will not prevent full enjoyment of the sexual act. But every physician knows that both these means have been tried, and both have failed too frequently to gain the stamp of certainty. And so with many other methods that the fertile French brain has devised. It would be wearying and disgusting for me to give you in detail the various means of preventing conception which the courtesy of Dr. Wise, at the Library of the Surgeon General's Office, has enabled me to study during the past few months. Suffice it to state that the best medical authorities have proven to their own satisfaction, at least, that these various methods of preventing impregnation have for their results only moral and physical evils to the sensual individuals who indulge in them. Thomas says, the workings of nature in the matter of conception, as in all other physiological processes, are too perfect, too accurately and delicately adjusted, not to be interfered with materially by the clumsy and inappropriate means adopted to frustrate them. It will not be wondered at that the means adopted for the prevention of conception are often productive of uterine disorder when the harshness of some of them is borne in mind. West considers the imperfect performance of sexual intercourse one of the frequent causes of uterine engorgement, and of hypertrophy of the cervix. Bergeret records nine cases of acute metritis, with two deaths. According to Goodell, he has so often seen like results from like causes that, when called to a case of pelvic inflammation, he takes for granted that means have been adopted for preventing conception.

Conjugal Onanism so deteriorated the health of two of my patients, husband and wife, that it was a source of great joy to me when accident led to impregnation, followed in due course of time by a healthy baby, the delight of the household. Though there are now three in-

stead of two in the family, the doctor's bills are lessened in amount, for father, mother and child are well and happy. Such cases are far from rare. But the principal object sought in bringing this subject to the attention of the society is to get an expression of opinion from its individual members, as to the evils likely to result to women from the adoption of preventive measures.

"In man," as Barnes very forcibly shows, "the ejaculation of the semen ends his physiological duties; but a woman, to complete the cycle of reproduction, must pass through conception, gestation, and parturition." "Hence," Goodell adds, "a disregard for these requirements of her very nature will assuredly predispose to uterine disorders. Marriage without children acts like a slow poison on the constitution of most women.

It is not to be wondered at that the woman should suffer more than the man, for greater fraud is practiced against her. She is teased and not gratified, and not only once but many times, possibly as often as once a day. The generative organs become engorged with blood, but are not permitted to enjoy the relaxation consequent upon the full completion of the marital act. This engorgement may lead to undue local nutrition, and diffuse growth and proliferation of the connective tissue may take place. Hence, the uterine walls become thickened and dense, and the nerves compressed. Of course, pain, tenderness, and a sense of bearing-down will be the result. Flexions and versions may be consequent upon the engorgement. If even the careful examination by a physician of the pelvic organs, by abdominal manipulation or by vaginal palpation, is capable of setting up a peri-uterine inflammation, how much more so the constant habit of marital masturbation? Some have even gone so far as to say that uterine cancers seem sometimes attributable to the pernicious use of preventive measures. But, be that as it may, we all know that no woman can continue to disregard a truly physiological law and retain the blessings of health. The nerves become shattered, and if she should be so fortunate as to contract no serious womb-trouble, yet she will suffer from all the nerve-counterfeits of uterine diseases so admirably described by Goodell. And, perhaps, it may be permissible for me to borrow one of his well-wrought sentences, though to use it, perhaps, in a sense different from that he intended. We must not forget "that the imponderables are great forces in nature; that a single mental stimulus to unstable nerve-molecules will awaken many reflexes," and we must not overlook "the tyranny of woman's over-sensitive organization, and underrate the influence of nerve-perturbations or of psychical disturbances." But if no greater evil than sterility itself were to ensue, would not that be curse enough? And it is the common belief of gynecologists that preventive measures long indulged in will result in sterility. It is my belief that people most frequently resort to those methods for the sake of economy, intending to have children when sufficient wealth is accumulated to justify them in raising a family. But, alas! when the money has been gained, the woman's generative apparatus, so constantly abused, has lost its potency. She is no longer able to gratify the maternal yearnings natural to every true woman's heart. Thus are we compelled "to leave her to heaven," like Hamlet's mother, "and to those thorns that in her bosom lodge, to prick and sting her."

But can anything be done by us to save women from the uterine disorders so probably consequent upon the adoption of methods to prevent conception? We all, of course, tell those who consult us that there is no specific for the prevention of conception other than total abstinence. But are we emphatic enough in our assertion that such measures are harmful to soul and body? Do we draw for them a sufficiently vivid picture of the ills likely to result from such pernicious practices? Do men love their wives so little that they are willing to run the risk of entailing upon them a life of mental and physical suffering? It seems to me that it would not be difficult to convince a loving wife to stop such practices, if she could only be taught that they were harmful to her husband. It will be a happy day for society when some nimble wit shall discover an effective means of convincing doctors and patients that "there are no harmless methods of thwarting nature's plain intention;" when husband and wife will meet "to endear each other," as Jeremy Taylor quaintly puts it, and not "to adjust accoutrements, to compound antidotes, and to consummate, with pre-arranged precautions and cold-blooded calculations, a union which, for its perfect mental and physical fruition, should be spontaneous and unrestrained." —*Dr. Thos. E. McArdle, in Am. Jour. of Obstetrics.*

My impression is that the trance condition is an immensely complex and fluctuating thing, into the understanding of which we have hardly begun to penetrate, and concerning which any very sweeping generalization is sure to be premature. A comparative study of trances and subconscious states is meanwhile of the most urgent importance for the comprehension of our nature.—*Prof. Wm. James.*

Antiseptic Surgery in General Practice.

To those who live in large cities, the use of antiseptics, both at the time of operation and in the after-dressing of the cases, is a comparatively easy matter, for the materials required are generally kept on hand, or can be obtained in a few minutes from the nearest druggist's shop; but, on the other hand, to the practitioner in the country districts, who may be called to see an urgent case when miles away from his office, their employment is a much more difficult matter. But, in spite of the manifold difficulties to be overcome under such circumstances, the remarkable results obtained by adherence to the principles, if not to all the details, of the antiseptic method of wound treatment is often surprising.

The tendency of the antiseptic method of wound treatment has been decidedly to simplification: the cumbersome spray apparatus has been almost generally abandoned, the disagreeable and in some cases dangerous solutions of carbolic acid have been superseded by irrigation with a solution of the bi-chloride of mercury 1 to 1000 to 1 to 4000; the preparation of the gauze has been much simplified; the detail which has held its place most steadfastly is that of thorough drainage.

We do not propose to consider the numerous materials which have been advocated by different surgeons in the last few years as valuable antiseptics, among which may be mentioned Mr. Lister's last preparation — the so-called double cyanide of mercury and zinc — but merely call attention to the one which, from its general use and the excellence of the results following its employment, has stood the test of time; we refer to the bi-chloride of mercury, used in a solution in strength from 1 to 1000 to 1 to 4000.

Many improvements have also been made in the construction of surgical instruments, with a view to the ease with which they can be rendered perfectly aseptic; such as the solid metal instruments nickel-plated, or made with aluminium handles, which admits of the instruments being placed in boiling water before being used, a procedure which is destructive to the ordinary instruments with wooden or bone handles.

But this we do not consider a matter of vital importance, if the surgeon has in mind the guiding principle of antiseptic surgery, and sees that the instruments are thoroughly cleaned after each operation, and are placed for a short time in a 1 in 20 carbolic solution before being used. With such precautions with the ordinary wooden-handled instruments, we constantly see cases which have been operated upon run a perfectly aseptic course, provided the surgeon has been caretaking in the other details of the operation and after-dressing of the case. At the expense of repeating what is generally known to most of our readers, we will detail the steps of an operation, as generally followed at the present time, and will then describe some modifications of the procedure, which may be required for various reasons.

The part to be subjected to operation should be rubbed over with cotton, saturated with spirits of turpentine, to remove any oily material from the skin, and the part should then be well scrubbed with soap and water, and after this washed with a solution of bi-chloride of mercury 1 to 2000, and should be covered with a towel wet with the same solution, if the operation is not immediately undertaken.

The hands of the operator should be washed in the same manner with spirits of turpentine, soap and water, and the bichloride solution, care being taken to see that the region of the nails is thoroughly cleansed, and they should be immersed in the bichloride solution for a few moments immediately before the operation is begun.

The instruments, if solid metal ones are used, should be placed in a tray, and covered with boiling water, and allowed to remain for a short time before being placed in a 1 in 20 carbolic acid solution; if wooden-handled instruments be used, the immersion in boiling water has to be omitted, and they are simply washed and placed in the carbolic solution, and allowed to remain for fifteen or twenty minutes before being used. The region of the proposed operation should be covered with towels or lint wrung out in bichloride solution, care being taken that too large a surface of the patient's body be not brought in contact with the wet towels. During the operation the wound should be frequently irrigated with the mercuric solution, and this should be made as warm as the hands of the operator can comfortably bear, as the risk of chilling the patient and increasing the shock is much diminished, for the use of antiseptics, in spite of its many advantages, has not diminished the shock of operations.

The operation being completed, any bleeding vessels are secured by catgut ligatures, either the chromicized ligatures or those prepared in the oil of juniper, which have been soaked in the bichloride solution for fifteen or twenty minutes before being used: these are cut short in the wound.

The wound is next irrigated with the bichloride solution, and one or more perforated

rubber drainage-tubes are introduced to the bottom of the wound, and brought out at its most dependent portion, and secured by means of safety-pins.

The edges of the wound should then be approximated by sutures, either of chromicized catgut, silk, or silver-wire, the sutures being soaked for a time in the mercuric solution before being used.

The cavity of the wound should next be flushed with the bichloride solution, introduced through the drainage-tube by means of a syringe, and the surface of the wound and adjacent skin should be washed with the same solution.

The line of the wound is then freely dusted with powdered iodoform. This detail many surgeons of experience omit, and they consider that iodoform possesses feeble antiseptic powers; but when moistened by the dressings, or by the serum from the wound, its use is certainly of advantage. A piece of protective, cut a little larger than the wound, is next dipped in the bichloride solution, and laid over it, and this is covered by a good-sized piece of bichloride or carbolized gauze, composed of twelve or sixteen layers, soaked in a 1 in 2000 bichloride solution, and partially wrung out, and this, in turn, is covered by a large piece of dry gauze, of twelve or sixteen layers, covered by rubber tissue or mackintosh, or oiled silk, or oiled muslin; several layers of bichloride cotton are now applied over these dressings, and the whole dressing is held firmly in contact with the part by the application of a gauze bandage.

If there is no bleeding or leakage of serum through the dressing, and the patient's temperature is about normal, the dressings need not be disturbed for a week or ten days, and when they are removed, the surface of the wound should be irrigated with the bichloride solution. The cavity of the wound, if there be any, should be washed out through the drainage-tube, and the tube should then be removed or shortened, and the sutures should be removed if the wound is healed, or they may be allowed to remain until a subsequent dressing; the dressing should be reapplied in the same manner as at the primary dressing.

Although it is well to adhere to a system of operative detail and dressing, such as above given, yet it often happens that in certain emergencies the surgeon is not provided with the different dressings required, and under such circumstances he has to improvise dressings from the materials at hand, the use of which will often be followed by results in no way less satisfactory than those of the more elaborate method.

If the surgeon has with him the bichloride of mercury — and since this material has been so conveniently put up in pellets almost every practitioner carries it with him — he can make a solution of the required strength in a few moments.

The wound can then be irrigated with this solution, and, if catgut ligatures are not at hand, silk or linen thread may be soaked in the bichloride solution, first being thrown in boiling water for a few minutes; these may then be applied to the bleeding vessels, and cut short in the wound, treated as catgut ligatures; horsehair drains may be substituted for the rubber drainage-tubes, being first well washed and then soaked in the bichloride solution before being used.

Silk or linen sutures, which have been washed as above described, may be used for the sutures to close the wound; and, if no prepared gauze be at hand, surgical lint or old muslin or linen, which has first been soaked in boiling water and then soaked for a few minutes in the bichloride solution, may be employed, a number of layers being used, and this may be covered by a layer of oil-silk or waxed paper, or ordinary brown paper, and the dressing may then be held in position by a muslin bandage.

In a case, for instance, of a compound fracture, and it is in such cases that the value of antiseptic dressings has been so markedly demonstrated, the results following their use have been a revelation to the surgeon who remembers the course this class of injuries ran a few years ago. A wound of this nature is probably already infected by the dust of the atmosphere before the surgeon sees it; and if he has with him the means of preparing a solution of bichloride of mercury, he should remove any foreign matter and thoroughly irrigate the wound, reduce the fragments if there be displacement, provide for drainage, and apply some temporary dressing such as above described, which may be retained for some hours, or even days, if the wound is running an aseptic course, until the materials for a more elaborate dressing are obtained. If the bichloride solution is wanting, the next best substitute is water which has been boiled, and it is to be used as warm as the hands of the surgeon can bear; this may be employed to irrigate the wound, and to soak the dressings which are to be used until a more permanent dressing is obtained. No judicious surgeon would think of waiting some hours to operate upon a case of strangulated hernia because he had not antiseptic solutions or dressings at hand, for in such cases time is so important an element of safety that he would consult the best interests of his patient by an immediate operation, taking care to see that his hands and instruments

were clean, and the wound was irrigated with boiled water and dressed as above described.

We cannot subscribe to the doctrine that, unless we have the materials to use during the operation, and to apply a complete antiseptic dressing, we gain nothing; for by the use of such improvised dressings we have often seen such excellent results follow that we can only say, let the surgeon bear in mind the principle of the antiseptic method of wound treatment, and do the best with the materials at hand.—*Therapeutic Gazette.*

Food in the Treatment of Pulmonary Consumption.

A group of practitioners in New York have had considerable success by restricting their patients to an exclusive diet of beef, combined with copious potations of hot water. This plan, I can personally testify from examination of patients thus treated, does yield excellent results; but I have obtained equally good results with a more varied dietary, of which, however, beef forms the principal item. It should be tender and juicy, and the removal of fibrous parts is an advantage. It may be broiled or roasted, but should always be done rare. It may be finely chopped, moulded into little patties, and broiled just sufficiently to brown the outside, then seasoned with salt, pepper, thyme, parsley, etc., to taste. It may be eaten raw if desired, and if no apprehension of tænia be entertained; but there is no advantage in raw beef over rare broiled steak or rare roast. Beef should be eaten at least twice, and if possible three times a day. When there is danger of the patient tiring of it, mutton, fowl, sweetbreads, eggs, fish or game may be occasionally substituted. Milk should also form an important portion of the dietary. The effort should be made in the majority of cases to have at least 1½ quarts of milk and a pint of cream each twenty-four hours. Kumyss, or some of the other fermented preparations of milk are often highly useful. Soups and broths of all kinds not likely to cause indigestion, and not containing any of the prohibited vegetables, may also be partaken of. The leguminous vegetables, peas, beans and lentils, as well as lettuce, cresses, spinach, and the other green vegetables which contain those alkaline salts of organic acids so highly necessary to the proper constitution of the blood, should be freely eaten; but potatoes, turnips, beets, and the starchy and sugary vegetables generally should be avoided, or cut down to the lowest limit. Bread should be reduced to a minimum, and gluten bread, or that made from the whole wheat, substituted for the ordinary white bread. Pastries, sweets, and in general those articles of diet which are indigestible or digestible only with difficulty, must be prohibited. The writer concludes by saying the three essentials of the treatment of consumption are—not microbicide—but nutrition, nutrition, nutrition—*Dr. Cohen, in Jour. Amer. Medic. Assoc.*

The Preservation of Milk.

Two new processes for the preservation of milk have been patented in Europe. These processes may be described as positive and negative, for certainly they are at opposite poles from each other, as the one is effected by cold and the other by heat. The former, which is the invention of M. Guerin, a French engineer, is a chemical process by which the milk is congealed when freshly drawn from the cow, in which state it will keep perfectly sweet for several weeks, the low temperature absolutely preventing the putrefactive germs from developing. The flavor of the milk is not in any way affected by the freezing, and after the milk blocks are dissolved, the milk yields up its cream quite as well as the fresh milk in any dairy. A syndicate of farmers in the Department of the Vosges, some couple of hundred miles northeast of Paris, has been formed to work the patent and send blocks of congealed milk to Paris. The other process is the very antithesis of M. Guerin's. It is the invention of a Norwegian, and a company has been formed in London under the name of "Dahl's Pure Milk Company," to work the patent and to bring across to the English metropolis the milk which is prepared at the inventor's establishment in Norway. The process consists in destroying, by means of heat, the minute organisms which cause the fermentive and putrefactive changes in the milk. When these organisms, as well as their spores, are completely destroyed, and the milk hermetically sealed up, it will keep in good condition for an indefinite time. When the milk is raised to a high temperature, any of the organisms in it are completely destroyed. Their germs or spores, however, are not so easily disposed of, as the high temperature does not seem to affect them, and in that way fresh crops of microbes would be developed when the liquid cooled again. But by successively cooling the liquid and then raising the temperature the different crops of organisms are destroyed, until all the spores are destroyed and the milk sterilized, after which it is put in tins and hermetically sealed up. Samples of milk so treated have been submitted to numerous medical and microscopical experts, who have reported upon it in very high terms.

Dislocation of the Kidneys.

The following interesting case is reported by Dr. Longstreth in the *Med. and Surg. Reporter:*

The patient has been in the hospital since Dec. 2nd, when, being a Polish woman, she was admitted with no history. Her temperature on admission was 104°, and since then has varied, reaching at times 105°. Through an interpreter we have learned that, after lifting a heavy weight during her menstruation, she was seized with a violent pain in the back and lower portion of her abdomen. This was accompanied with difficulty in micturition and in emptying her bowels. Her tongue was dry, black and tremulous. She had had some purgative treatment before admission, and was then having some diarrhœa. Such a history led us to believe she had typhoid fever. Later, when we succeeded in getting some urine, it was found to contain albumin. Very soon it became quite evident that she was not suffering from typhoid fever. She presented none of the characteristic symptoms of that disease. She lay in bed with her feet drawn up, to relieve the constant pain she felt in her abdomen. The abdomen was scaphoid, and with no signs of peritonitis. Her diarrhœa continued through the fourth week she was in the house. The urine she passed gradually increased in amount. Constipation followed, and the urine again decreased in amount. She now has a sub-normal temperature, which has continued for several days. When I first saw her, I got her out of bed. Her urine was then normal in character. Her bowels have been regular since. Within the last few days, without any treatment, she has commenced to pass an enormous quantity of urine. On the 19th of last month she passed 25 ounces; two days later, 23 ounces; two days later, 38 ounces; on the 1st of this month she passed 34 ounces, and on the following days 46, 48, and 80 ounces of urine, respectively. In less than twenty-four hours she has passed 110 ounces. At one time 25 ounces of urine were emptied out of the bladder. There have been no uræmic symptoms; and yet, where has she been storing up this urine? I bring the case before you as a fresh case. The patient is now in a fair state. I think that at first there was some displacement of the organs in the pelvic region, or, what I have sometimes seen, that the severe strain actually gave rise to a dislocation of the kidney. Such a thing has been known to have occurred. As a result here, there has been some damming up of the fluid. We shall make an examination of her pelvic and lumbar regions, to see what we can find. We shall try to ascertain the size of her kidney when passing urine and when not. Often a dislocated kidney will twist its ureter, and for the time the urine cannot escape. It is curious that a patient can retain such a large amount of urine, and where it is stored up I cannot say.—*Dr. Morris Longstreth.*

Syphilis may be communicated through the medium of a spoon, a pencil, a cane, a cigar, a kiss, the dentist's instruments.

Nine cases of syphilis of the finger I published several years since as occurring under my own observation, and I have seen others since that time. Besides this, I have seen at least double that number of cases of syphilis where no possible trace of the source of contagion could be ascertained. A tumbler, or any article in common use, defiled with the secretions of a mouth, harboring a mucous patch, coming in contact with a crack or abrasion of the lips of a healthy person, may communicate syphilis through a resulting lesion, which may pass away unnoticed.

Any similar contact with the blood of a person in the active stage of syphilis will communicate it.—*Dr. F. N. Otis.*

There is certainly no more curious social phenomenon than that of the extraordinary popularity of the medical calling in this country as a means of securing a livelihood.

The subject is one that is often dwelt upon, but we doubt if many even yet realize the grotesque misproportion which medicine in the United States holds to other bread-winning occupations. Here are some of the naked facts in the matter: France has 38,000,000 of population, 11,995 doctors, while it graduates 624 medical students in one year. Germany has 45,000,000 of population, about 30,000 doctors, and graduates 935 students in one year. The United States has about 60,000,000 of population, nearly 100,000 doctors, 13,091 medical students, and graduates 3,740 students in one year. Germany, which has relatively less than half as many doctors as America, is already groaning over its surplus. When one compares France with this country, the excess of medical men here seems most astonishing. A comparison of the United States with European countries, in whatever way it is made, leads one to think that there is something almost morbid in our medical fecundity.—*Medical Record.*

CORRESPONDENCE.

English Surgeons.

19 RUSSELL SQUARE, BEDFORD PLACE,
LONDON, ENG., August 10, 1890.

Dear ERA:

Agreeably to my promise I will endeavor to give your readers a pen sketch of a few of England's most noted surgeons.

Probably there is no more familiar name in medical circles than that of Sir Joseph Listei, the father of antisepsis. The new Policlinic in Rome is to have its two facades adorned with the basreliefs of John Baptist Morgagni and Sir Joseph Lister, the first illustrating the modern genius of pathological research, and the second of surgical treatment. This is only another incident showing how indelibly antisepsis and asepsis have left their impression upon modern surgery. Sir Joseph Lister, although an old man, is yet in active surgical practice. He is very intelligent looking, of medium height, with white hair and side-burns. In operating he is easily disturbed and very exacting. Many of his followers are much more Listerian than Lister himself. Indeed, one is surprised at some things done in the clinic of King's College, the supposed fountain-head of all that is aseptic. I have never seen the spray used by Lister, though I have seen him operate many times. During an operation the wound is frequently bathed in a mercurial solution which very often becomes almost thick with blood before discarded. If irrigation be used, it is permitted simply to drop upon the wound, without in any sense washing it. The parts are thoroughly scrubbed, washed and shaved before beginning an operation. In opening a joint no effort is made to protect the exposed surfaces from air, entire dependence being placed upon the final washing for the destruction of germs. Iodoform is often used as an external dressing, and in tuberculous wounds a solution of iodoform and glycerine is injected into the parts. I have seen him apply strong carbolic acid for the same purpose. He invariably uses the moist dressings. As an operator Lister is both slow and tedious, and surely his good results, which all admit, cannot be attributed to superior manual dexterity.

Perhaps the most conspicuous operator in England to-day is Mr. Lawson Tait. His methods and his results have been often published during the last five years, so that I will but briefly give my own impressions. As an operator Tait is simply a marvel. His methods are peculiar to himself, and, so far as deftness and dexterity are concerned, there will be few who can ever hope to equal him. He will get into an abdomen while the average man is washing the surface. After once in, to all practical purposes, he not only feels with the ends of his fingers, but likewise sees, hears and smells with them. In short, his long and great experience enables him to do without observing certain precautions, which an ordinary operator can never hope to do. He ignores everything in the way of antisepsis, and it requires a very strong stretch of the imagination to observe any evidences of asepsis. He is a large, stout, vigorous man, and just in his prime.

Sir T. Spencer Wells is a grand old man, perhaps seventy-five years old, of medium height, and the personification of an English gentleman of the old school. He no longer holds a public clinic, but is in active private work, and, notwithstanding his advanced years, is a cool, skilful and expeditious operator. To him more than to any other man is due the credit of placing abdominal surgery where it is to-day. Other men have made more rapid strides than he, but such strides were impossible had it not been for data furnished by one who preferred to travel a more conservative path.

Doctors Bantock and Thornton are both well and favorably known as abdominal surgeons. The former has probably the best record of any man in England for hysterectomy for fibroids. His technique is peculiar, though simple. No antiseptics are used, though strict asepsis is observed. He follows Mr. Lawson Tait's example in flushing the abdomen with water drawn from the "tap." For sutures, silk-worm gut is almost entirely used. Thornton, on the other hand, observes strict antisepsis, and always operates under a spray. His work in surgery of the kidney and gall-bladder has given him a well-deserved reputation. Silk is the suture almost exclusively used. Both of these men are in their prime, and both are ideal operators. They work side by side in the Free Samaritan Hospital, and I venture to say that American visitors are more indebted to them than to any other two men in England for advantages in abdominal surgery.

Dr. Edis, author of the well-known text-book on "Diseases of Women," is doing much good operating at the Chelsea Hospital for Women, both in abdominal and minor surgical work. He, too, is in his prime, and is a good and cautious operator, as well as a fluent speaker. He takes a great deal of pains with his visitors, and is very popular. Doctor Gallatin, the well-known obstetric writer, does his public work at Guy's. It was my good fortune to see him do a vaginal hysterectomy, an operation not so popular here as in America and on the Continent. He is at the present time President of the Obstetrical Society, and, like Doctor Edis, is very popular with visitors.

Perhaps one of the most conspicuous figures in general surgery is Sir William McCormick, well known throughout the medical world. Like Lister and Wells, he has been knighted because of his well-known contributions to surgical knowledge and progress. He is a superb type of physical manhood, standing as he does six feet three,

and magnificently proportioned. As an operator, however, he is slow and exceedingly awkward, though, paradoxical as it may seem, his finished work bears the imprint of a true artist. He is particularly skilful in radical operations for hernia.

These are a few of the surgeons in England whose names are household words to all American physicians. There are many more, almost if not quite as prominent, to whose work the medical visitor has access. At the London University Heath holds weekly clinics. At the London Hospital Treves, well known for his skilful and artistic work, can be seen at his public clinic, held each Friday. Mr. Harry Fennick, a young but coming man, is also one of the surgeons on the London Hospital staff. Of the men at Guy's Mr. Durham and Mr. Davies-Cooley are the best known. The well-known Langdon and Bennett do much and excellent work at St. Bartholomew's. Doran, Meredith, Reeves and Smith are all prominent workers in the gynecological field.

Of the English obstetricians Playfair and Mathews Duncan are probably the best known. The former holds the chair of obstetrics in King's College, and the latter in St. Bartholomew's. Both are well-known writers, and both are what would be called in America "old men," yet both lecture six times per week during the college year. Fairplay lectures from full notes, and, although he has a wretched delivery, his lectures, like his popular text-book, are systematic and well arranged.

Duncan, on the other hand, confines himself but little to his notes, and wanders accordingly. In one lecture I heard him discuss dysmenorrhœa and all of the inflammatory affections of the pelvis. He is a Scotchman of the old-school type, wears a gown and cap in lecture-room, and with a strong Scotch accent tells many amusing stories by way of illustration. He has absolutely no faith in therapeutics, and relies chiefly upon rest, hygiene and diet. Although extremely courteous, his manner outside of the class-room is almost serious. When he approaches the hospital he passes through a row of "dressers" on either side, who remove their hats as he passes. This, in fact, is a custom in most of the London hospitals, and contrasts very strikingly with the usual familiarity existing between professor and student in our own country.

James C. Wood.

The American Institute of Homœopathy, at its forty-seventh annual session, held at Waukesha, Wis., last month, upon the suggestion of its collegiate committee, representing the thirteen colleges of this school, voted to require a four-years' course of medical study from all students entering its colleges after the session of 1891–92. — *Medical Record.*

Narcolepsy.

Chicago, July 20, 1890.

To the Medical Era:

Dr. Heath's case of Narcolepsy (Era, June, '90, p. 189) reminds me of an experience of mine two years ago. A gentleman, about 45 years of age, of sedentary habits, consulted me on account of an uncontrollable inclination to fall asleep while at work during the day, although he slept well at night. This condition had been coming on for several months. At first the attacks came only occasionally, and he was able to resist them sufficiently to keep awake by walking, but latterly they had been coming more frequently and much more severely, so that he would fall asleep several times per day at his desk, or even while walking, but only for a few moments each time. He was apparently in perfect health in every other respect, except that he was, and had been for years, troubled with constipation.

I prescribed for him. In about two weeks he called on me again, and said that all his symptoms had disappeared within a few days after commencing the treatment — *except* the *constipation.* I thought it very strange, as that was the particular symptom I had aimed at in my prescription. But now I discovered that I had given a different remedy from the one I had intended. Aluminum then relieved him of his constipation, and six months later he had had no return of either trouble.

Shortly afterward I had another case complaining of sleepiness in the daytime, but in milder degree. It was promptly relieved by the same remedy.

The remedy was either Monotropa or Onosmodium, but I have forgotten which. Perhaps some reader of the Era who has seen a proving of these remedies (I have not) can tell me.

W. A. Kaler.

5205 Hibbard Avenue.

London Homœopathic Hospital. — There has been made a donation of $50,000 (£10,000) to the building fund of this hospital. Many other donations are being received, and soon there will be a sufficient amount to justify the erection of a new building, to contain one hundred and twenty beds.

$500.00 will buy a first-class field, with stock of medicines, in a northern Indiana county seat, where a qualified man will meet with a good reception. Address B. A. F., care of Medical Era.

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PERSONALS.

DR. WM. TOD HELMUTH, on his return from Bar Harbor, in September, will remove to his former residence, 299 Madison Ave., New York.

DR. J. J. DEFENDORF, who for the past eighteen years has been located at Williamston, Mich., has moved to No. 125 North Hamilton Street, Saginaw City, Mich.

A Healthy Town.

The State Board of Health of Michigan has lately been sending out inquiries to delinquent local health officers, asking why they did not send in more frequent reports of sickness. Dr. Davis, of Clare, sent the following reply:

SEC. STATE BOARD OF HEALTH.

Dear Sir: In reply to your communication of July 11, as to the reason why I do not report more sickness, the facts are that the Village of Clare is a distressingly healthy place. There has not been in the last two or three years sickness enough to do much good. The physicians find time to go to Milwaukee on excursions, serve as jurors in justice courts, sit around on dry-goods boxes, and beg tobacco, chew gum, and swap lies. A few sporadic cases of measles have existed, but were treated mostly by old women. No physicians called. No deaths occurred. There was an undertaker in the village, but he is now in State prison, and the council of the village cut the pay of the health officer down from $30 to $15 per year. It is hoped and expected when green truck gets around, melons plenty, and cucumbers in abundance, that dysentery, cholera morbus or something may revive business. If it does, I will let you know. M. D. DAVIS,

Health Officer of Clare Village.

Through Vestibuled and Colonist Sleepers Between Chicago and Tacoma, Wash., and Portland, Ore.

The Wisconsin Central and Northern Pacific lines run through Pullman Vestibuled and Colonist Sleepers between Chicago and Tacoma, Wash., and Portland, Oregon. The train known as the "Pacific Express" leaves the Grand Central Passenger Station, at the corner of Fifth Avenue and Harrison Street, at 10:45 p. m. daily. For tickets, berths in Pullman or Colonist Sleepers, etc., apply to Geo. K. Thompson, City Passenger and Ticket Agent, 205 Clark Street, or to F. J. Eddy, Depot Ticket Agent, Grand Central Passenger Station, corner Fifth Avenue and Harrison Street, Chicago, Ill.

The Chicago, Milwaukee & St. Paul Railway.

A CHOICE LIST OF SUMMER RESORTS.

In the lake regions of Wisconsin, Minnesota, Iowa and the two Dakotas, there are hundreds of charming localities pre-eminently fitted for summer homes. Among the following selected list are names familiar to many of our readers as the perfection of northern summer resorts. Nearly all of the Wisconsin points of interest are within a short distance from Chicago or Milwaukee, and none of them are so far away from the "busy marts of civilization" that they cannot be reached in a few hours of travel, by frequent trains, over the finest road in the northwest—the Chicago, Milwaukee & St. Paul Railway:

Waukesha, Wis., where the American Institute of Homœopathy will meet June 16; Oconomowoc, Wis.; Minocqua, Wis.; Palmyra, Wis.; Tomahawk Lakes, Wis.; Lakeside, Wis.; Kilbourn City, Wis. (Dells of the Wisconsin); Beaver Dam, Wis.; Madison, Wis.; Clear Lake, Iowa; Lake Okoboji, Iowa; Spirit Lake, Iowa; Frontenac, Minn.; Lake Minnetonka, Minn.; Ortonville, Minn.; Prior Lake, Minn.; White Bear Lake, Minn., Big Stone Lake, Dakota.

For detailed information, please address A. V. H. CARPENTER, General Passenger Agent, Milwaukee, Wis.

The Illinois State Board of Health is still investigating the epidemic of Influenza. They have issued a circular, which they request physicians to fill in, and thus assist them in their work.

THE COMPASS, a neat little monthly journal, is a new aspirant for favor, published in the interest of Grace Hospital, Detroit. All such publications, which generally have an extensive local circulation among the laity, do much good in popularizing homœopathy.

DR. P. F. RYAN, who has an office at Madison and Halsted Streets, refused to issue a death certificate because the relatives of the dead person had not paid the doctor's fee of $150. Dr. Tomlinson, registrar of vital statistics, wrote Dr. Ryan a sharp letter, stating that unless he promptly issued the certificate he would be brought into court and fined. He was also notified that he could not make a collection agency of the Health Department.

THEY SAY

That crime is often hereditary.

That the majority of people eat too much.

That sin is ugly, but she knows how to fix herself up.

That a soft answer turneth away a tramp if he sees your gun.

That the man who succeeds is a genius; if he fails he is a fool.

That you should wait till after dinner before quarreling with the cook.

That there may be too much of a good thing; salt in soup, for instance.

That for every cent a man gets he has two cents' worth of desire for more.

That the dudes in this country smoke two thousand million cigarettes a year.

That one of the hardest things to do is to live up to an undeserved reputation.

That the hot-air treatment for consumption has gone the way of the Bergeon trash.

That a man in Pennsylvania got into a pickle by drowning himself in a vat of vinegar.

That the natives of central Africa are terror-stricken on hearing the ticking of a clock.

That there is a college in Kansas where you can drop a nickel in the slot and get a diploma.

That a poor man can hardly be expected to be content, considering that the rich never are.

That experiments on the lower animals have demonstrated the possibility of brain-grafting.

That forty-seven medical colleges in the United States are now open to students of both sexes.

That the United States raises more doctors to the acre than any other country in the world.

That Stanley says his Zanzibar followers escaped small-pox because they were vaccinated.

That every baby born has interest centered in it as if it were the first and the last of its kind.

That it has been estimated that nine hundred and fifty men out of every thousand use tobacco.

That the London market is greatly overstocked with diamonds, but the other suits are as scarce as ever.

That the money spent in "infant foods" annually in the United States amounts to nine million dollars.

That Edison has invented a machine by which you can "see a man" without going out of the theatre.

That the number of persons arrested for intoxication in New York city each year is about thirty thousand.

That lanolin rubbed into a red spot which threatens to become a bed-sore, will prevent its development.

That it requires a great deal of self-restraint to keep you from calling your neighbor's firmness, stubbornness.

That it's well enough to talk disparagingly of the daughters of Eve, but what's the matter with the sons of night?

That a man in New York who had something the matter with his kidneys said he was going down to Seabright.

That a good nurse will keep a bed in decent shape, but she should not be everlastingly "tucking the patient in."

That a trust has been formed which will raise the price of castor-oil, and that's what makes the small boy so happy.

That the extraction of teeth may be rendered painless by spraying the neighborhood of the external ear with ether.

That during an attack of gout the urine is deficient in uric acid and urates; after the attack *is* over, they are in excess.

That the world is safe for another year, for the sweet girl graduates have settled all the important questions in their essays.

That whosoever is deceived by flattery is not wise, but a discreet woman may use it on her husband to great advantage.

That in testing pepsin by means of egg-albumen, the former is rendered inert if added to the albumen before the latter is acidified.

That the best time to get shoes fitted to the feet is in the latter part of the day; if they fit easily then, they will fit easily at all times.

That the most fortunate town in the country is a place in Ohio where there is a well-organized brass band, but the members are too poor to buy instruments.

That a few drops of the oil of sassafras will remove from the hands the odor which clings to them after handling the abdominal viscera in making post mortems.

That all persons who bring malpractice suits should be required to give bonds for the costs of the suit, and for the defendant's lawyers, in case of an adverse decision.

That it has been observed, in numerous instances, that the influenza and other contagious diseases are most severe in the cases of those who do not pay their doctor bills. Cut this out and paste it on your office door.

THE MEDICAL ERA

COMBINED WITH THE MEDICAL COUNSELOR.

DEVOTED TO HOMŒOPATHY AND THE ALLIED SCIENCES

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EDITORS:
CH. GATCHELL, M.D.,
D. A. McLACHLAN, M.D.

"HOW HAHNEMANN CURED."

To our readers we commend the article by DR. R. E. DUDGEON, of London, on the above subject, reprinted in this issue from the *Homœopathic World*.

DR DUDGEON adduces evidence to show that the self-styled "Hahnemannians" are no Hahnemannians at all. There is no justification in Hahnemann's writings for their extreme and irrational practices. Their methods are the product of their own erratic imaginations. They serve only to bring unjust censure upon genuine homœopathy on the part of those who do not understand the conditions. The doings of a SWAN—who is one of their graduates—are all laid at the door of homœopathy. They are not Hahnemannians—they are Hahnemanniacs.

It is the duty of our profession to place the responsibility for this craze where it belongs. We owe it to ourselves to condemn the men and their methods. We should cleanse our own stables.

FOLLY CAN NO FARTHER GO.

The famous fool-killer, if he is not too tired, should visit New York.

That metropolis contains many of the ablest men—regardless of "school"—that grace the ranks of the medical profession. It also contains a few cranks. Chief among the latter stands the one who is sending out a pamphlet of which the following is a copy of the title-page:

CATALOGUE

OF

MORBIFIC PRODUCTS, NOSODES,

AND OTHER

REMEDIES,

IN HIGH POTENCIES.

BY

SAM'L SWAN, M. D.

NEW YORK:
PRINTED BY PUSEY & CO., 1398 BROADWAY.
1886.

The catalogue—or, as it should be called, the list—contains the names of about twelve hundred "morbific products, nosodes, and other 'remedies.'" From the number we have selected for the edification and information of the readers of the ERA the following seventy:

Adamas, Diamond.	Lager.
Adenia, Glands from a case of Hodgekins disease.	Luna (Moonlight).
Adeps Anserina, Goose Grease.	Morbilin, Measles.
Albumenurea, Renal Albumen.	Mosquito.
	Nix. Ice.
	Otorrhœa Syphilitica.

Anthracin, Pus from a carbuncle.
Aqua Pura, Pure distilled water.
Asthmatos Ciliaris, Microbe of coryza.
Balanorrhea.
Brandy.
Brightii Morbus.
Buboin Syphilitica.
Burgundy.
Butyraceum, Buttermilk.
Butyrine, Butter.
Calcaria Pulmonum, Gravel from lungs.
Calcaria Renalis.
Carbo Animalis (Boston), made from hides burnt in the great fire.
Carbunculus, Swan, Pus from carbuncle on neck; very severe.
Carnine (Beef).
Catarrhus Nasi (from H. M. Guernsey).
Catarrhus Vesica.
Cerulia Irides, Blue ray of spectrum.
Coagulum Lac Vaccinum.
Colostrom.
Crusta Lactea.
Delmonico Champagne.
Diabetis Melitus.
Diphtherin.
Dropsy Serum.
Eczematin.
Galvanismus.
Hæma (Blood).
Helios, the Sun.
Hipposinine.
Lac Caninum.
Lac Defloratum.
Lac Humanum.
Lac Felinum.
Lac Elephas.
Lachryma Filia, Tears of a young girl in great grief and suffering.
Pediculus Capitis.
Pediculus Corporis (from Boston).
Protagon humanum, from a dark complexioned man who had Bright's disease and Ascites.
Pus from caries of os calcis.
Pus from rectal abscess.
Pus from septic abscess.
Rubrum Iridis, Red ray of spectrum.
Saccharum Diabeticum.
Scarletinin.
Schirrine Facialis, Lady in New Bedford.
Seriaca Barlowii, from a silk handkerchief eaten by a cow, and taken from the stomach in a hard ball. During the three years she never had a calf.
Serum, Elephantiasis Arabica.
Sol, See Helios.
Syphilinum.
Testico Muliebris Sinista, Left ovary (woman).
Testiculo Gallinæ.
Tuberculinum Purulentum et Pulmonalis.
Typha.
Typhus Maligna.
Ulcerinum Pulmonum (from H. M. Guernsey).
Universel.
Verruco Menstruo, Menstrual blood from a woman who had warts, and with which many have been cured.
Vomito, Blood from a yellow-fever patient while moribund.

Here is the list. What do you think of it?

To treat this matter seriously would be to dignify it. Language is impotent. Ridicule is wasted. A single word, if it were polite to utter it, would express one's feelings better than a thousand choice phrases.

But it is not polite to utter that word.

And yet, the matter demands attention. Not for the sake of the subject itself — to anyone outside an asylum for imbeciles, to read it is sufficient — but in order that the responsibility for the promulgation of the idiotic trash may be placed where it belongs.

For the most part, it belongs in New York, at 13 West 38th Street. It does not belong to homœopathy, to allopathy, to eclecticism, to physio-medicism, to hypnotism, or to any of the various sects that have a name; it is the property, wholly and solely, of a pure and unadulterated crank.

The world may be searched in vain for another example of abiding faith in such egregious folly.

And yet the author of this stuff causes it to walk the earth under the cloak of homœopathy.

But, as any man in his senses knows, it is as far from being homœopathy, as it is from being the tail of a comet. We think, however, that, of the two, the "regulars" should claim it and place it alongside of Brown-Sequard's testicular-liquid fad.

This whole thing is the work of a Hahnemanniac. The title-page bears the imprint of the International Hahnemannian Association, though we think that Dr. Swan is no longer a member of that peculiar sect, his resignation having been called for, tendered, and accepted. And yet, it cannot be denied that the Hahnemanniacs, as a sect, are in some measure responsible for the acts of their erring and erratic brother. So long as they advocate the use of potentized puppy-milk, they cannot claim superiority over him who has given to the world a "remedy" made of body-lice from Boston or of schirrus from New Bedford.

Poor Dr. Swan was once one of them. He learned his early lessons in their midst. In their councils he imbibed a knowledge of and a faith in the fantastic, the visionary, the vile and the vulgar.

Because he has carried their teachings regarding nosodes, unusual products, and extreme attenuations to their logical conclusion, he is cast out.

Primarily, the responsibility for all this drastic nonsense lies with the Hahnemanniacs; individually, it lies with Samuel Swan.

The name that he has given to the remedy that he pretends to prepare from the diamond is the only one that will adequately express his position in the matter.

ORIGINAL ARTICLES.

"TISSUE REMEDIES."

By H M. BASCOM, M.D.,

OTTAWA, ILL.

[Read before the Illinois Homœopathic Medical Association, May 13-15, 1890.]

IT has been the intention of the chairman of the Bureau of Materia Medica to bring before the Association this year the subject of "Tissue Remedies."

1st. To ascertain, if possible, how many physicians of this society are using them;

2nd. Whether they are using them in a scientific or in a routine manner;

3rd. Whether the profession is satisfied with the results obtained.

We are indebted to the founder of Homœopathy for the provings of Lime, Salt, and Potash. This prepared the way for the rest of the "Tissue Remedies," which have indicated what vast storehouses of medicinal force reside in these inorganic, and, often, in their crude state, inert substances.

Attention was called to these remedies as early as 1832, and again in 1846, by German writers. Grauvogle mentions them, but it remained for Dr. Schüssler, of Oldenburg, Germany, to write more fully upon them, in 1873, and develop the ideas already advanced.

The same year a translation was made and published by Dr. Constantine Hering, and "recommended for investigation."

The theory of their action is that any disturbance in the molecular motion of these cell salts in living tissues constitutes disease, which can be rectified and the requisite equilibrium re-established by administering the same mineral salts in small quantities.

It is supposed to be the chemical affinity in the domain of histology, therefore the curative procedure was termed by Schüssler the "biochemic method."

Of these twelve tissue remedies, Magnesia phosphorica stands out in bold relief. I feel very grateful toward it, for it came to my relief when I was suffering from malarial colic, that returned with great regularity every seven, fourteen, or twenty-one days, in spite of the use of several well-tried anti-periodics. In the study of this remedy it would not be in place to report an exhaustive proving of the drug, when so thorough a proving has been so lately published (*Medical Advance*, Dec., 1889). But it is in order to give a verification of its action and some of its distinctive characteristics.

Magnesia phos. is the earthy constituent of muscle, nerve, bone, brain and teeth.

A disturbance of its molecular motion causes cramps and pains. Schüssler says that the action of Magnesia phos. is the reverse of that of iron. By functional disturbance of the molecules of iron, the muscular fibres relax; through the functional disturbance of the magnesium molecules, they contract; hence it is the remedy for cramps, convulsions, and other nervous phenomena.

The white fibres act as conductors of external and internal stimuli, whether sensory, motor, or reflex.

The conductibility and excitability of the fibres may become abnormal: stimuli applied may excite not only sensation, but also contractions, or motion, by direct conduction along a nerve, or by the conduction of a stimulus to a nerve centre (gray matter), whence it is reflected along another nerve to the muscles.

Sensory impressions have different channels, special paths, by which they travel; touch, pain, the sense of heat or of cold, and the muscular sense, each having its own channel; tactile sensibility its own path in the columns of the cord (Scheff). Therefore, this drug as a nerve remedy and anti-spasmodic, in such use, has done great service. It combines the happy effects of a hypodermic injection of morphia, the speedy action of Colocynth, and the soothing effect of Ignatia. The pains which it cures are shooting, lancinating, with a feeling of tightness or binding, relieved by pressure, heat and bending double. Abdominal pains which it cures resemble Colocynth, and are generally accompanied by copious evacuations, which do not relieve, rather worse afterwards.

It has been used successfully in menstrual colic and ovarian pains. Magnesia phos. combines the provings of the following remedies as they are classified:

Magnesia phos. {
- Opium, Belladonna, Hyoscyamus, Stramonium.
- Ignatia, Pulsatilla, Gelsemium.
- Colocynth, Podophyllum, Veratrum alb., and Cuprum.
- Macrotin, Caulophyllum, and Viburnum prun.

To prevent the occurrence of mercurial poisoning in persons exposed to it, by reason of their occupation, much has been done in the way of free ventilation by the provision of flues and chimneys in the work-shops. Personal cleanliness, frequent ablutions, and avoiding taking food in the room where the work is carried on, are to be regarded as of great importance. It is said that the non-use of alcohol in any of its forms, exerts a beneficial influence. —*Dr. L. Hadler.*

CASES IN ORIFICIAL SURGERY.

By E. W. VIETS, M.D.,
PLYMOUTH, IND.

[Read before the Indiana Institute, May 14th, 1890.]

THE cases I have selected have each a significance, and had been treated by many physicians without benefit.

Case I. A farmer, aged 60, for two years unable to eat solid food; hands and feet always cold and clammy; constant eructations of sour gases and water; burning in the stomach; pain in the left side, causing him to walk bent over; face thin and pinched and death-like; large quantities of coagulated mucus passed at each stool; bowels never moving except by repeated injections.

I removed five pockets and papillæ, and stretched the rectum. Three days after the operation, hands and feet were warm, and all other symptoms improved. After the expiration of six months appetite good, bowels regular, and, in his own language, "I have gained forty pounds, and feel like a boy again." This case had no medication after the operation.

Case II. A lady, married; nine children; 42 years of age; periodical headaches, causing blindness; tottering gait, with inability to walk; constant pain in the ovaries; constipation; nearly complete paralysis of the left arm; no appetite; thin and wasted.

I removed six pockets, several papillæ, and old, redundant pile tissue. The sphincter ani was so contracted that it was impossible to introduce a speculum before giving the anæsthetic. Recovery was immediate, and all bad symptoms had disappeared within six weeks. At present, as she expresses it, "Entirely well everywhere."

Case III. Young lady, age 19. When I first saw her she could not lie down; coughing constantly; expectorating large quantities of pus; a case of consumption. Had taken cold nine months before; suppression of menses; coughing seven months. There was a large cavity in the apex of the left lung, the upper part of the right lung dull, with sharp pains through lung and shoulder; rigors; night-sweats; swelling of the feet and finger-tips; had not been able to breathe while lying down for three weeks. I treated her two weeks, with no improvement. Examination of the rectum revealed a great many large papillæ, with several small pockets. I removed the papillæ and thoroughly stretched the sphincters. I did not touch the pockets to remove them, as the patient was so weak it was not safe to continue. She took no medicine after the operation. Her temperature decreased 2½ degrees the first month, and within three months she drove ten miles to see me, and I did not recognize her; she was so fleshy and natural.

AN ANCIENT DISLOCATION OF THE SHOULDER.

By A. A. WHIPPLE, M.D.,
QUINCY, ILL.

[Read before the Illinois Homœopathic Medical Association, Chicago, May 13-15, 1890.]

THE surgeon is liable to be called upon at any moment to answer the question—At what period of time after a dislocation of the shoulder is an attempt at reduction justifiable?

It would be a source of great satisfaction to all, if more light were thrown upon the subject, now unfortunately enveloped in much obscurity.

It is well known that after one or two days from the date of a dislocation of the shoulder, or other joint, the difficulties, danger and uncertainties of reduction increase, and are, in general, proportionate to the length of time which has elapsed since the accident. Helmuth says: "Perhaps it may be admissible to attempt reduction within three months after the accident.

Ashurst has this to say: "Old dislocations of the shoulder have generally been considered irreducible at the end of three months."

In Hamilton's "Principles and Practice of Surgery" I find this: "If eight or ten weeks have elapsed, the chance of success is not very great; yet I have succeeded as late as the eighth week, and others at a much later period." He also admits having broken the neck of the humerus in an old lady, in attempting to reduce a dislocation after the lapse of six weeks.

There are reasons why it is dangerous to attempt reduction of ancient dislocations.

Whenever dislocations remain unreduced, other changes besides those which immediately attend the accident necessarily follow.

The head of the dislocated bone forms for itself a cavity, or new socket, wherever it happens to rest, and by the prolonged pressure, irritation and imflammatory action are set up, rapidly forming a substitute for the old joint. The new cavity is formed in part by deposit of osseous material around the forming socket.

Adhesions are likely to take place between an artery or vein and the dislocated bone, in which case there is a risk of serious or even fatal consequences from laceration of such vessels during attempts at reduction. I once saw an accident of this kind in the Cincinnati general hospital, and, although it was not really an ancient dislocation, yet the undue force used caused death from rupture of the axillary artery.

Many cases have been recorded in which the axillary artery or vein has been ruptured while the attempt at reduction was being made. It stands us in hand to bear these things in mind when we have to deal with such conditions.

On the 16th of September, 1887, a woman about forty years of age, tall, well-developed and muscular, called at my office, accompanied by a lady friend, for my opinion in regard to an injury of her right shoulder, caused by a fall fourteen weeks before.

I diagnosticated a sub-coracoid dislocation, and gave her to understand that the only hope for a useful arm was by a reduction of the dislocation, if possible; at the same explaining to her in the presence of her friend the danger attending such attempt.

After I had given my opinion, I was informed that she had consulted five different surgeons, and that only two of them had pronounced it a dislocation; and neither of them seemed to think it advisable to attempt reduction.

She was sent from one to the other, evidently with the hope on their part that the other one would take the responsibility of an operation attended with such risk.

Before leaving the office she consented to have me undertake its reduction; accordingly, on the following day, assisted by Drs. Crandall and Schmidt, I succeeded in reducing it as follows:

After the patient was fully under the influence of ether, I took the arm and gave it several rotatory movements to detach the head of the humerus from any adventitious connections with the structures in the armpit. While the two ladies, who were present, held the left arm, and with one of the physicians grasping the right, I directed them to pull with a firm and steady hand, in opposite directions, at right angles to the patient's body, while I directed the movements of the right arm, at the same time manipulating the head of the humerus, with my hands as a fulcrum.

In a very few moments I had the satisfaction of feeling it slip into place, not with that snap and distinctness which attends the reduction of recent dislocations, but with a softer sound and a little less distinctness of feeling, as if the glenoid cavity were partially filled with softer tissue.

Of course there was considerable inflammation and pain in and about the joint for a few hours, but it soon subsided under the influence of retentive dressings and a few doses of Hypericum.

In due time the arm became as useful as the other, but from the time of the accident until its final reduction, a period of ninety-seven days, it was perfectly useless and exceedingly painful.

I have called attention to this case, not because it was an unheard-of thing, by any means, for there are on record many instances where ancient dislocations have been successfully reduced, and many others that have not been as fortunate.

Another thing I wish to call attention to is the method that prevailed—a few years ago more than at the present time, I am happy to say—of attempting to reduce dislocations by force, not skill.

Such was the treatment in the case I saw terminate fatally, and although I was young in the profession at the time, it made a deep and lasting impression on my mind, of the fact that brute force is not all the qualification necessary for a successful surgeon to possess.

CATARRH OF THE STOMACH.

By H. D. CHAMPLIN, A.M., M.D.,
CLEVELAND, O.

ACUTE ATTACKS.

Common Causes of:

(1) Errors in diet.
(2) Indigestible food.
(3) Irritating food.
(4) Food in excessive quantity.
(5) Alcohol in large quantities.
(6) Cold; especially cold in railway traveling.
(7) After the subsidence of an ordinary cold in the head.

CHRONIC ATTACKS.

Common Causes of:

(1) Chronic alcoholism.
(2) Excessive tea-drinking.
(3) Imperfect mastication, from hasty eating or want of teeth.
(4) Going too long without food and then eating an undue quantity at one meal.
(5) Habitual use of ice-water.
(6) Excessive use of condiments, especially red pepper.
(7) Chronic venous congestion resulting from chronic heart and lung diseases.

SYMPTOMS.

(1) Pain: The pain in gastric catarrh is a burning soreness felt behind the sternum, often going through to the back and radiating

around to the left. It is often associated with local tenderness. This pain comes on two or three hours after food.

(2) Nausea, with or without vomiting: Nausea occurs when the stomach is empty, especially before breakfast, and that meal is generally vomited.

(3) Regurgitation of food into the mouth, during and after meals.

(4) Catarrh of pharynx: which gives rise to cough on lying down at night or on rising in the morning; the cough is often followed by retching, and vomiting of frothy mucus.

(5) Furred tongue: with dryness of the mouth, foulness of breath. (In mild and chronic cases the tongue may be quite clean.)

(6) Jaundice: When the inflammation extends to the duodenum and along the common duct.

DIET.

Acute Cases:

Milk and lime-water;
Peptonized milk;
Cocoa (moderately warm);
Bread and milk;
Boiled fish;
Poached egg;
Toast (in small quantities);
Boiled fowl;
Stewed sweetbread;
Milk pudding;
Custard pudding;
Water and fluids in small quantities (reduce to minimum).
Aerated water is permissible.
Avoid: liquor, wine, beer, whiskey, etc.
No vegetables;
No sweets.

Chronic Cases:

No hot drinks;
Cold milk and water;
Boiled fish;
Eggs, boiled or poached;
Ham, smoked or salted (small slices);
Oysters (no vinegar allowed);
Mutton-chops;
Chicken or game;
Stewed sweetbread, tripe;
Calf's feet;
Roast or boiled mutton or beef (rare done);
Milk and custard pudding;
Blanc-mange;
Aerated water;
Dry champagne (one glass);
Avoid liquor of all kinds;
Fruits, vegetables, and sweets to be religiously avoided;
Fats used sparingly.

TREATMENT.

Acute Cases.

Hydrarg. chlor. nit., ½ grain a. m. and p. m.
Bismuth sub. nit., 6x to 30x, 5 gr. powders.
Bismuth carb., 2x to 12x, 5 gr. powders.
Ferri carb., 3x.
Ferrum phos., 3x.
Hydrastis, muriate of, 2x.
Lycopodium, 30x to 200x.
Bryonia, 12x.
Other remedies as symptoms arise; these are the most important.

Chronic Cases.

Carbo veg., 6x to 30x.
Nux vomica, 3x to 30x.
Nitric acid, 3x to 30x, dil.
Hydrochloric acid, dil. (after meals).
Arsenicum alb., 3x to 30x.
Other remedies as symptoms arise.

ADJUVANT TREATMENT.

Acute Cases.

Mustard plaster over the epigastrium when there is much pain.

Flannel bandage worn over the stomach and bowels continuously.

Sipping hot water (one quart) one hour before each meal.

Strict attention to the emunctory functions of the body.

Avoid getting chilled.

Avoid all mental excitement.

Chronic Cases.

Mustard plaster over the epigastrium when there is much pain.

Flannel bandage worn over the stomach and bowels continuously.

Sipping hot water (one quart) one hour before each meal.

To hot water add Carlsbad salts, two teaspoonfuls.

Avoid getting over-fatigued.

If possible, lie down and rest 15 or 20 minutes before eating.

Avoid taking cold.

The latest strategy of a Paris paper for attracting readers is the engagement of two eminent physicians to attend gratuitously upon its annual subscribers. Recently the manager of the paper gave notice to one of the physicians "not to prescribe for B. any more; his subscription has expired." The doctor replied: "So also has B."

KOLPO-HYSTERECTOMY.

By W. E. GREEN, M.D.,

LITTLE ROCK, ARK.

MRS. F., æt. 37, consulted me Sept. 1st, 1887, on account of a protracted attack of indigestion; she had suffered severely for several months, and had been confined to her bed the greater part of the time. By close interrogation I gained unmistakable evidence of uterine complications; upon an examination I found the womb much enlarged and sensitive to the touch. The cervix, that had been lacerated, was greatly hypertrophied, indurated and badly eroded; in fact, the tissue looked so angry that I suspected a malignant condition. For two months I treated the case internally by the administration of the indicated remedy, and locally, by interstitial puncture and the application of iodized phenol, without relief. Failing in my therapeutical measures, I determined to remove the diseased tissues. Accordingly, Nov. 10th, I performed the double-flap operation, amputating the cervix close up to the vaginal junction. The patient improved rapidly, and soon recovered from the gastric disturbance; but the pelvic discomfort was not decidedly benefited. For the relief of this, I instituted a systematic course of galvanism. The patient slowly improved, but never reached a condition of comparative comfort.

Aug. 20th, 1889, she again consulted me on account of some aggravation of her symptoms. Upon examination I found an epitheliomatous growth springing from the upper border of the cervical canal. I at once explained to her the seriousness of the growth, and recommended that hysterectomy be done for her relief. She expressed her willingness to submit to whatever plan of treatment I advised; therefore, Sept. 14th, assisted by Drs. F. P. Green, Neal, Burns and Hughes, I proceeded to extirpate the womb. The operation was performed in the usual manner, but was unusually difficult, owing to the enlarged condition of the organ and the friability of all the pelvic tissue. In opening up the peritoneum in front, my forefinger penetrated the bladder, making a large rent in its wall; so tender was the tissue that I was not conscious, at the time, of the accident, and was only made aware of the fact by the escape of urine. The broad ligaments were secured by long pressure forceps, that included their entire breadth; here again, the tissue tore and slipped from the grasp of the instruments. The blood gushed forth in torrents, and three ligatures and five pairs of forceps were applied before the sanguinary flow was stayed. A diseased condition of the left ovary amd tube required their removal; the rent in the bladder, one and one-quarter inch in extent, was then closed with cat-gut sutures. This was also a tedious task, as the forceps would tear through the tissue wherever they grasped it. The patient rallied well and did nicely.

On the fifth day, the bladder began to leak and the urine to dribble through the vagina. After recovery, a small opening, that would admit the point of an ordinary uterine probe, was discovered high up in the vagina, through which the urine escaped whenever the patient was in the erect position. She refused to have it closed by operative procedure; therefore, I applied the solid silver nitrate, with a faint hope of accomplishing a cure by cicatricial contraction, and I am happy to say that the result was satisfactory. She rapidly gained her health, and has been entirely well and strong ever since. I saw her to-day attending to her household duties; she says that it is the first period of enjoyable life she has had since the days of her girlhood. She is a pleasure to her family and herself. As twelve months have now passed without any indication of a return of the disease, I have great hopes that the cure will be complete.

Even had there been no cancerous condition in this case, the results justify the operation. She had not seen a well day for sixteen years, since the birth of her first child; much of her time during the past five years had been passed in bed. Careful and persistent treatment had failed to reduce the enlarged uterus and to relieve the distressing symptoms. Hysterectomy restored her to health and gave her happiness.

A CONSIDERATION OF THE CAUSES OF FAILURE IN THE PRACTICE OF ORIFICIAL SURGERY.

By M. J. BLIEM, M.D.,

SAN ANTONIO, TEXAS.

[Read before the American Association of Orificial Surgeons, Chicago, September 4, 1890.]

GENTLEMEN:—While we are all reporting to each other our triumphs in the practice of orificial surgery, may we not profit a little by directing our attention for a while to the other side of the picture?

No enlightened man will in this day deny that the orificial philosophy has given us the key for solving a vast array of puzzles in our problems of chronic diseases; nor will we hesitate to affirm that many have correctly used this key in the practical carrying out of this philosophy. And yet, sad to tell, we are all conscious of failures in our most earnest endeavors to use

this key aright. The thought comes to me—Why these failures? How can they be reduced to the minimum in our future practice?

My remarks shall be suggestive rather than exhaustive, and intended largely to draw out your helpful thoughts, by way of discussion. I propose to discuss briefly three prominent causes of failures as they present themselves to my mind:

First—*Unskilled Workmen.*—One important cause of the failures lies, no doubt, in the fact that many have attempted and do attempt this work, without natural or acquired skill in its performance. Especially was this true in the early days when men had to follow largely Dr. Pratt's published descriptions of his methods. Even the skilled in other departments of surgery were liable to go astray in following his practice. Now that it is possible for everyone who really wants to master this work, to do so by attending a complete course of instruction, this source of inefficiency ought to have no farther existence. But then again, there is undoubtedly a class of men who have entered this field of practice who have no business there, and never can have. They have neither natural nor acquired surgical ability, they never have practiced surgery before, and yet, lured on either by hope of larger gain or by a sincere desire to enlarge their usefulness, and encouraged by the remarkable success of others, they have entered upon a work in which they are bound to fail. Let such remember that they are playing with edged tools; that to be a good orificial surgeon, a man must be a good general surgeon, and possess the same general qualities of success. I have seen such practitioners so disappointed that they have completely gone back on the whole philosophy and practice, and all due to their personal incompetency; and I have heard Dr. Pratt tell such a one to go home and stick to his medical practice, and never more *try* to learn Orificial Surgery. It is indeed marvelous to see what a strong hold Orificial Surgery has obtained among men hitherto only general practitioners. The fact that there have not been more failures is probably due to the latent surgical ability possessed by many of this class, which, brought now into play by enthusiastic practice soon develops wonderfully successful specialists in Orificial Surgery.

Second—*Unfaithful Patients.*—Perhaps most of us would be content to lay our failures at the doors of the victims themselves, and indeed in too many cases is this provokingly true. How many times are the best efforts of the surgeon in this practice, as in others, thwarted and hampered by unfaithful or disobedient patients? We are led by our faith in the efficacy of Orificial Surgery to undertake the treatment of cases which will require a world of patience and indomitable perseverance if they are ever to be brought to a successful issue. If, then, the patient lack faithful devotion to the surgeon, and unflinching determination, the effort will end in failure, and of course Orificial Surgery gets the blame. I think one mistake we often make is in promising such cases too much, either by way of time or amount of benefit. If the time elapses and the expected amount of improvement has failed to appear, the patient naturally gets discouraged and gives up the struggle. We ought to be exceedingly conscientious in all promises,—make no promises we are not sure of being able to keep. We ought to weigh well every word of prognosis we may give. 'Tis true we may not arouse such enthusiastic anticipations in the beginning and thus get that desirable mental effect, but *perfect honesty* will bind our patients to us through thick and thin, while the very suspicion of practical deception will scare them away like frightened deer.

Then, too, in this connection comes the personal equation, the qualities by which one man will bind his patients to him and hold them long after another would have lost them. The one will cure a stubborn case while the other will fail.

Third.—*The application of orificial surgery to improper cases.*—A class of failures appears where neither of the first two causes operates—where the best judgment and work of a skilled surgeon has been applied to a faithful and persistent patient, and yet a failure is recorded. I am persuaded that the cause in this class of cases lies in the fact that the orificial philosophy does not apply to them. "Is it possible, then, that the orificial philosophy will not apply to *all chronic diseases?*" asks some horrified orificial enthusiast. Well, I am afraid "that's what," as they say in Texas. While of course this view restricts the practical usefulness of orificial surgery to only a certain class of cases, it by no means detracts from the glory of its discovery, for it still leaves a whole world for us to conquer.

And now I come to the point that troubles me, and I know troubles all of you, and I put it in the form of a few questions. To what form of chronic diseases is orificial surgery applicable? How can I tell whether in a given case it is applicable, and will cure if practiced, or whether it is inapplicable and will result in a failure if carried out? Now I believe that of all patients afflicted with chronic diseases,

the number is infinitely small who do not have orificial irritation, however slight, in some form or other. Take even the class of rectal irritations alone; of all the many chronic cases I have examined (and for three years I had the privilege of seeing most of Prof. Pratt's private and clinical cases) I have seen barely half a dozen who did not have rectal irritation of any kind. Now, then, we are almost sure to find orificial irritation in some form in the vast majority of our cases. Is there any rule by which in a given case I can form a reasonable judgment beforehand as to whether I can practice orificial surgery on that patient successfully or not?

I can explain the difference in only one way; I would divide all cases showing orificial irritation (and that practically means all chronic cases) into two classes: 1st, those in which the orificial irritation is primary and is the direct or reflex cause from which the patient is suffering; 2nd, those in which the orificial irritation is entirely secondary—is a mere complication and is not the cause either directly or reflexly of the patient's disease. The first class, if treated by the methods of orificial surgery, will get well speedily and permanently, and form our brilliant and marvelous cures. Many of the second class will never get well, and if practiced on will form our failures.

I come now to my last difficulty: How can I decide beforehand whether in a given case the orificial irritation is primary and the cause of the disease, or whether it is secondary and not the cause of the disease? Who can tell? If I can determine this I can decide what cases to operate on and what cases to let alone.

In a meeting of the Hungarian Academy of Sciences, Joseph Korosi read a paper on "The Influence of Parents' Ages on the Vitality of Children." M. Korosi has collected about 30,000 data, and has come to the following conclusions: Mothers under twenty years of age and fathers under twenty-four have children more weakly than parents of riper age. Their children are more subject to pulmonary diseases. The healthiest children are those whose fathers are from twenty-five to forty years of age, and whose mothers are from twenty to thirty years old. M. Korosi says that the best marriages are those in which the husband is senior to the wife, but a woman from thirty to thirty-five years old will have healthier children if her husband be somewhat younger than herself. A man from thirty to forty years old ought to take a wife from twenty to thirty. If the mother be five years older than the father, the vitality of the children becomes impaired.

OPINIONS EXPRESSED.

When the one who listens does not comprehend, and the one who speaks understands as little, you have metaphysics.—*Voltaire.*

Unlike the law, medicine leads to nothing else save science, and science is not wealthy.—*Dr. T. W. Cheever.*

Ninety-five per cent of the cases of malignant disease of the uterus begin in the cervix.—*Dr. J. W. Streeter.*

It is important that lawyers should know more about medicine, and medical men should know more about law.—*Paul Brown.*

Too much devotion to authority is a great stumbling block to advancement in the science of medicine.—*Dr. Alice Ewing.*

Our women are savages. They have no belief in God, but some of them believe in the evil eye, and the others in doctors who charge high fees. —*Count Leo Tolstoi.*

Souls, as well as cheeks, grow white in the performance of holy duties. One that goes in a nurse may come out an angel.—*Oliver Wendell Holmes.*

Any physician who enters a lying-in chamber after due notice without a pair of *long* forceps in easy reach is guilty of inexcusable negligence; whether or not of *criminal,* lawyers may determine.—*Dr. Geo. B. Peck.*

The "high-potency" craze only broke out among homœopaths after the death of Hahnemann. Had it appeared during his lifetime, I am sure it would have met with his disapproval.—*Dr. R. E. Dudgeon.*

It is a horrible thing to hear a man cry. A woman cries from the top of her palate, or her lips, or anywhere else, but a man cries from his diaphragm, and it rends him to pieces.—*Rudyard Kipling.*

A physician is he who, in his high position as the servant of humanity, must attain that wisdom which results from combining knowledge with the instinct and the skill for its useful application. —*Dr. Wm. H. Draper.*

Ordinarily doctors are a truthful class and otherwise reputable citizens, but in their statements of the amount of business done I certainly think they are the greatest prevaricators God ever made.—*Dr. J. W. Pettit.*

The physician is the flower of our civilization; and when the stage of man is done with, and only remembered to be marveled at in history, he will be thought to have shared as little as any in the defects of the period, and most notably exhibited the virtues of the race.—*Robert Louis Stevenson.*

SELECTIONS.

How Hahnemann Cured.

At the present time, when we have a rather noisy, if not very numerous, section of our school arrogating to themselves the title of Hahnemannians, and publishing their cases as examples of "Hahnemannian Homœopathy" and "Hahnemannian Cures," it might be as well to set forth Hahnemann's mode of practice as far as that can be learned from his teaching in the *Organon* and *Chronic Diseases*, and from the instances of it scattered throughout our literature, in order that the reader may have an opportunity of comparing it with that of the self-styled Hahnemannians. If the instances I adduce belong to ancient history, and are familiar to many of my readers, they are apparently unknown to, or forgotten by, some of those who would fain have us believe that they alone rightly understand and faithfully practice what Hahnemann taught.

In the second volume of the first edition of the *Materia Medica Pura*, published in 1816, Hahnemann gives, at "the request of some friends halting half-way on the road" to homœopathy, two cases illustrating the way in which he practiced, and desired others to practice, his system. As these cases are retained in the latest edition of his *Materia Medica*, published in 1833, only ten years before his death, we must believe that to the last he considered them as good examples of his treatment, which he could not improve upon after all these years.

I. "Sch——, a washerwoman, somewhere about forty years old, had been more than three weeks unable to earn her bread, when she consulted me on the 1st September, 1815.

"1. On any movement, especially at every step, and worse on making a false step, she has a shock in the pit of the stomach, that comes, as she avers, every time from the left side.

"2. When she lies she feels quite well; then she has no pain anywhere, neither in the side nor in the pit of the stomach.

"3. She cannot sleep after 3 a. m.

"4. She relishes her food, but when she has eaten a little she feels sick.

"Now, as regards symptom 1, Belladonna, China and Rhus toxicodendron cause shootings in the pit of the stomach on making a false step, but none of them *only on movement*, as is the case here. Pulsatilla certainly causes shootings in the pit of the stomach on making a false step, but only as a rare alternating action, and has neither the same digestive derangements as occur here at 4 compared with 5 and 6, nor the same state of the disposition.

"Bryonia alone has among its chief alternating actions, as the whole list of its symptoms demonstrates, pains *from movement*, and especially shooting pains, as also stitches beneath the sternum (in the pit of the stomach) on raising the arm, and on making a false step it causes shooting in other parts.

"The negative symptom 2 met with here answers especially to Bryonia; few medicines (with the exception, perhaps, of Nux vomica and Rhus toxicodendron, in their alternating action—neither of which, however, is suitable for the other symptoms) show a complete relief to pains during rest and when lying; Bryonia does, however, in an especial manner.

"Symptom 3 is met with in several medicines, and also in Bryonia.

"Symptom 4 is certainly, as far as regards sickness after eating, met with in several other medicines (Ignatia, Nux vomica, Mercurius, Ferrum, Belladonna, Pulsatilla, Cantharis), but neither so constantly and commonly, nor with relish for food, as in Bryonia.

"As regards symptom 5, several medicines certainly cause a flow of water like water-brash, just as well as Bryonia; the others, however, do not produce symptoms similar to the remaining ones. Hence Bryonia is to be preferred to them in this particular.

"Empty eructation (of wind only) after eating (symptom 6) is found in few medicines, and in none so constantly, so commonly, and to such a degree, as in Bryonia.

"To 7. One of the chief symptoms in diseases (see *Organon*, sec. 213) is the 'state of the disposition,' and as Bryonia causes this symptom also in an exactly similar manner, Bryonia is for all these reasons to be preferred in this case to all other medicines as the homœopathic remedy.

"Now, as this woman was very robust, and the force of the disease must consequently have been very considerable to prevent her, on account of pain, doing any work; and as her vital powers, as stated, were not impaired, I gave her one of the strongest homœopathic doses, a full drop of the undiluted juice of Bryonia root, to be taken immediately, and bade her come to me again in forty-eight hours. I told my friend E., who was present, that within that time the woman would assuredly be quite cured; but he, being but half-converted to homœopathy, expressed his doubts about it. Five days afterwards he came again to learn the result, but the woman did not return then, and, in fact, never came back again. I could only allay the impatience of my friend by telling him her name and that of the village where she lived,

about a mile and a half off, and advising him to seek her out and ascertain for himself how she was. This he did, and her answer was: 'What was the use of my going back? The very next day I was quite well, and could again go to my washing, and the day following was quite well, as I am still. I am extremely obliged to the doctor, but the like of us have no time to leave off our work; and for three weeks previously my illness prevented me earning anything.'

II. "W——, a weakly, pale man of 42 years, who was kept constantly at his desk by business, consulted me on Dec. 27, 1815; he had been already five days ill.

"1. The first evening, without manifest cause, he became sick and giddy, with much eructation.

"2. The following night (about 2 a. m.) sour vomiting.

"3. The subsequent nights violent eructation.

"4. To-day also severe eructation of fetid odor and sourish taste.

"He felt as if the food lay crude and undigested in his stomach.

"6. His head felt wide, hollow and dark, and as if sensitive internally.

"7. Sensitive to the smallest noise.

"8. His disposition is mild, soft, and patient.

"Here I may observe:—

"To 1. That several medicines cause vertigo with nausea, as does also Pulsatilla, which produces its vertigo in the evening, also a circumstance that has been observed of very few other medicines.

"To 2. Stramonium and Nux vomica cause vomiting of sour and sour-smelling mucus, but as far as is known, not *at night*. Valerian and Cocculus cause vomiting at night, but not of sour stuff. Iron alone causes vomiting at night, and can also cause sour vomiting, but not the other symptoms that should be attended to here. Pulsatilla, however, causes not only sour vomiting in the evening and nocturnal vomiting in general, but also the other symptoms of this case not found among those of Iron.

"To 3. Nocturnal eructation is peculiar to Pulsatilla.

"To 4. Fetid, putrid and sour eructation.

"To 5. The sensation of indigestibility of the food in the stomach is produced by few medicines, and by none in such a perfect and striking manner as by Pulsatilla.

"To 6. Besides Ignatia, which, however, cannot produce our other symptoms, the same state is caused by Pulsatilla.

"To 7. Pulsatilla produces the same state, and it also causes over-sensitiveness of other organs of the senses, for example, of the sight. And although intolerance of noise is also met with in Nux vomica, Ignatia and Aconite, yet these medicines are not homœopathic to the other symptoms, and still less do they possess symptom 8, the mild character of the disposition, which, as stated in the preface to Pulsatilla, is particularly indicative of this plant.

"The patient, therefore, could not be cured by anything more easily, certainly, and permanently than by Pulsatilla, which was homœopathic to the case. It was accordingly given to him immediately; but, on account of his weakly and exhausted state, only in a very minute dose, *i. e.*, half a drop of the quadrillionth [12th dil.] of a strong drop of Pulsatilla. This was done in the evening.

"The next day he was free from all ailments, his digestion was restored; and a week thereafter, as he informed me, he remained free from complaint, and well."

In the latest edition of the *Materia Medica Pura*, Hahnemann states that both these cases might have been equally well cured by one globule of the 30th dilution of the respective medicines, either taken by the mouth or smelt; but as they were actually cured in the most satisfactory and rapid manner by the pure juice of Bryonia and the 12th dilution of Pulsatilla, we may be quite content to imitate the practice here adopted, for the object of treatment is the cure of the disease, and the cases could certainly not have been better cured by any other preparation of the medicines. As Hahnemann still offers them as illustrations or models of homœopathic cures in 1833, we are justified in supposing that he could not give us anything better. We see from these specimens of his practice how carefully and thoroughly he went to work (in accordance with the directions given in pars. 65–78 of the 1st edition of the *Organon* = pars. 84–99 of the last), not resting satisfied until he had found a medicine in whose pathogenesis there was the closest possible symptomatic correspondence with the case before him (*Organon*, 1st edition, pars. 126–130; 6th edition pars. 146–154). We find here no search for "guiding symptoms" or "key notes," which are so much insisted upon by many of those who plume themselves on being his only faithful disciples. On the contrary, it is the collective symptoms, the totality of the characteristic symptoms of the disease, that Hahnemann endeavors to find a medicinal parallel for, as he directs in the *Organon* (1st edition, par. 129; 5th edition, 153).

We cannot help being struck by the care with which he searches for a reflection in the medicinal symptoms of all the characteristic symp-

toms of his cases, and this he did though at that time he had no repertory to guide him. To be sure, his choice was limited to the comparatively small number of medicines in the *Fragmenta*, and the first and second volumes of his *Materia Medica*, in all twenty-eight, whose pathogeneses would not be such a tax on the memory as those of the vastly increased number we now have at our command.

Two other cases from Hahnemann's notebook are given in the *Lesser Writings*, but these were not published by Hahnemann, and are given without those minute details which make the ones quoted above so interesting and instructive.

Hahnemann held it to be absolutely necessary for the successful practice of his system that the practitioner should select a medicine whose ascertained effects on the healthy body should correspond to the totality of the symptoms of the disease. This he does in every edition of the *Organon* (par. 153, 5th edit.), and still more impressively in the last edition of *Chronic Diseases* (1835). He there says (Part I., p. 150) that after having ascertained with the greatest diligence all the ascertainable symptoms of the disease, he must select the remedy whose symptoms correspond in similarity with those of the disease, at least, with the most striking and peculiar symptoms, and he must not rest content with what he can learn from repertories, as these books only give slight hints as to the medicines to be consulted, but cannot enable us to dispense with a study of the original sources He who is satisfied with the vague indications afforded by the repertories, does not deserve the honorable name of a true homœopath, but rather that of a muddler who will bring disgrace upon the art he professes to practice. "The miserable desire to save themselves trouble," he continues, "often leads these pseudo-homœopaths to be guided by the accounts of their successful employment (*ab usu in morbis*), such as are given in the prefaces to the medicines [in the *Chronic Diseases*], in their selection and employment of medicines, an utterly false method, smacking of allopathy, incapable of leading to the selection of a medicine, which cannot be curative unless it be strictly homœopathic in similarity of symptoms." And yet we see self-styled Hahnemannians mainly guided in the selection of a remedy by some symptom got out of a repertory, presumably derived from clinical experience only, as it is not to be found in any pathogenesis of the drug.

Hahnemann was very emphatic as to the necessity of all homœopathic practitioners employing medicines prepared in the same way, and he describes in great detail his peculiar mode of preparing his medicines, not only in the *Organon*, but again with equal or even greater minuteness in the *Chronic Diseases* (2nd edit., Part I., pp. 184–187). The attenuation of some medicines by dilution with spirits of wine through thirty different phials up to the 30th potency, with a certain number of strong shakes, and of others by trituration with milk-sugar for certain definite periods and a certain number of times, and their further attenuation with spirits of wine through twenty-seven phials, is insisted upon as the only proper method for enabling us to treat our cases with uniformity. How widely the self-styled Hahnemannists have departed from Hahnemann's instructions! As a rule they use only one bottle for the whole series of their attenuations; they employ spring or service water with all its impurities, and they practice no succussion according to Hahnemann's plan. Moreover, they do not all make their preparations in the same way, nor apparently do the numbers they attach to their preparations express the same degrees of attenuation. The consequence is that their Hahnemannian friends who make use of these preparations have to say whose they are. Thus, after the number of the supposed dilution we see the names Jenichen, Lehrmann, Swan, Fincke, Boericke, Skinner, to show who is responsible for the preparation. And there seems to be no certainty about the genuineness of these dilutions in the minds of their prescribers, for we find Dr. Skinner, in the second edition of his little work on *Gynecology*, attaching quite different numbers to the preparations of Swan and Fincke to those he allotted to them in his first edition. All this is completely at variance with Hahnemann's frequently expressed wish for uniformity in the preparation of the homœopathic medicines.

Hahnemann insisted most urgently on the necessity of giving each dilution an adequate amount of shaking or succussion. At one time he limited the number of the succussion-strokes to two for each dilution; but in the last edition of the *Chronic Diseases* he advises that ten, twenty, or fifty succussion-strokes against a hard elastic body should be given to each dilution. The extreme importance Hahnemann attached to succussion as a means of increasing the potency of a medicinal substance is shown by a note to par. 270 of the *Organon*, where he says: "I dissolved one grain of soda in half an ounce of water mixed with alcohol in a phial, which was thereby filled two-thirds full, and shook this continuously for half an hour, and the solution was in dynamization and energy

equal to the 30th potency." If that be so, then there seems no reason why we should take the trouble to dilute the medicines at all in successive phials, or in one phial, like the high-potency manufacturers. Shaking the solution of the crude substance in a bottle would answer the purpose. And this is actually the way in which Jenichen is said to have prepared his so-called high potencies. I remember seeing in Stapf's house at Naumburg an oil-painting of Jenichen, stripped to the skin, with his succussion-bottle in his hand. This bottle seemed to be a two-ounce phial, half-filled with the medicine he was succussing. It was probably the above passage in Hahnemann's *Organon* that gave Jenichen the idea of making what he gave out to be very high potencies, by succussion only. Although the passage I have quoted, and several others I might quote, seem to indicate that Hahnemann believed the power of the medicine to be increased by dilution, a few paragraphs farther on in the *Organon* he distinctly states that dilution diminishes the power of the drug, and he gives a sort of mathematical formula for expressing this diminution of power, and he says: "I have *very often* seen a drop of the 30th potency of Nux vomica produce pretty nearly just *half as much* effect as a drop of the 15th potency, under the same circumstances and in the same person."

Hahnemann's main reason for selecting the 30th potency as the standard dose for general use, as he repeatedly tells us, is to secure uniformity of treatment among homœopaths. "I do not approve," he writes, "of your dynamizing the medicines higher—as, for instance, up to 36 and 60. There must be some end to the thing; it cannot go on to infinity. By laying it down as a rule that all homœopathic medicines be diluted and dynamized up to 30, we have a uniform mode of procedure in the treatment of all homœopathists, and when they describe a cure we can repeat it, as they and we operate with the same tools. In one word, we would do well to go forward uninterruptedly in the beaten path. Then our enemies will not be able to reproach us with having nothing fixed —no normal standard." Thus he wrote in 1829. In 1831 he rather snubs his amateur admirer, Graf Korsakoff, who wrote in an ecstatic manner about his fancied discovery of the power of much more highly attenuated medicines than Hahnemann recommends. Hahnemann says he does not doubt that these higher attenuations act, but he advises his followers to stick to the 30th dilution, at least for the present. In the last edition of the *Organon* (par. 287 note), he alludes to, but does not recommend, dilutions as high as 60, 150 and 300. He says these are only slightly inferior in power to the 30th, but their "action always appears to last a shorter time." In his last work, the 2nd edition of the *Chronic Diseases*, he recommends the 30th dilution as the highest it is advisable to give; but he does not confine himself to that dilution, but says that when it is advisable to repeat the dose, that should always be done in a lower dilution. Thus, if we have commenced with the 30th, we should next give the 24th, then the 18th, next the 12th, and lastly the 6th dilution (I., p. 106). In the same work he recommends as the dose for Petroselium a drop of the fresh juice, and as that for Nitric acid the 6th dilution.

Hahnemann's instructions relative to the repetition of the medicine, were at one time to wait until one dose had exhausted its action, which might be days or weeks, before giving another dose, or rather another medicine; for he taught that the disease would have been so much altered in its character that the same medicine would no longer be homœopathic, and another would be indicated. Next, in 1835, as we have seen, he said the medicine might often be repeated with advantage, but the succeeding doses should be in a lower dilution. In 1837 (see preface to third part of *Chronic Diseases*, 2nd edition) he altered his mode of procedure, and gave the medicine in solution in divided doses—in chronic diseases one dose every two days, or more generally every day; in acute diseases every six, four, two hours, or every hour or half-hour. But as he had previously taught that the vital force could not bear the repetition of the medicine in the same potency, the successive doses must have their potency altered by shaking the phial containing the solution with five or six smart jerks of the arm before each time of taking it. In this way, he says, "the same medicine may be administered with the best results an incredible number of times." After the solution has been exhausted and the same medicine is still indicated, it should be given in the same way, *but in a lower potency*. In cholera the suitable remedy should be given at much shorter intervals than the above, even as often as every five minutes.* He also recommends the medicine to be rubbed in externally on a sound portion of the skin once a day, preferably in the evening before going to bed.

* Hahnemann's recommendation of camphor in cholera can hardly be called homœopathic. He directs that the medicine shall be given internally in two-drop doses of the strong tincture (1 in 12) at short intervals, that the patient's body should be rubbed over with the same tincture, and that the room should be filled with the vapor of camphor. He believed that the cholera miasm consisted of a cloud of invisible living organisms, and that the camphor acted remedially by killing these minute organisms. Hence his camphor treatment of cholera was what we would now term "microbicide."

That Hahnemann in the latest period of his practice occasionally employed the lower triturations is evident from one of the cases from his note-book which I have given in the *Lesser Writings*, where he prescribed the 3rd trit. of Merc. sol., and also from the fac-simile letter I published in the same volume, in which he requests Dr. Lehmann, of Coethen—who, as Lehmann himself informed me, prepared all his medicines for him—to send him the 3rd trituration of sundry medicines, of which he encloses a list.

The self-styled Hahnemannians may, for aught I know, occasionally give their medicines in potencies as low as, or even lower than, Hahnemann prescribed them; but they seldom publish cases where they give lower attenuations than the 200th, more frequently the 1,000th, 10,000th, 100,000th, or even millionth; or to speak more correctly, preparations which they designate by these numbers, on the authority of Jenichen, Swan, Fincke, and other manufacturers of these so-called "high potencies," each of whom has his own method of preparing them, which differs from that of his rivals, but which is most certainly not Hahnemann's method.

The "high-potency" craze only broke out among homœopaths after the death of Hahnemann. Had it appeared during his lifetime, I am sure it would have met with his disapproval, as it is diametrically opposed to all his teaching; and it is evident from a comparison of the last edition of the *Chronic Diseases*—his latest work—with the first, that he inclined in his later years to give his medicines less, rather than more, highly diluted, and to recommend much more frequent repetition of the dose than he had previously thought advisable.

I have thus, I think, shown conclusively that the practice of the self-styled Hahnemannians differs in every essential particular from that taught by Hahnemann.

1. Hahnemann distinctly says that the homœopathist must not be guided in his selection of the remedy by what are termed "clinical symptoms." The Hahnemannians do not object to take their "keynotes" from this source.

2. Hahnemann, in his desire for uniformity of practice among homœopathists, insists on the attenuations being prepared in a uniform manner, in separate phials, with spirits of wine as the diluting medium, one drop of the stronger dilution to 99 drops of the spirit, and a certain number of succussions given to each dilution. The high dilutions of the Hahnemannians are now prepared in this way: they, as a rule, use but one phial for the whole series of dilutions, employ ordinary spring or service water as the diluting medium, and give (with the exception of Jenichen) no real succussion to their successive dilutions.

3. Hahnemann adopted as his standard highest potency the 30th dilution, and disapproved of pushing the dilution further. The Hahnemannians use much higher attenuations —all degrees, indeed, from the 200th to the millionth—or at least they assert and believe that their preparations are correctly designated by these figures. But they carry their disregard for Hahnemann's wishes for uniformity still further by using dilutions prepared in different ways by different manufacturers; and so, in a matter in which Hahnemann desired that all practitioners should act alike, so that the experience of one might be available to all, there reigns inextricable confusion; for the experience of a practitioner who uses, say, Jenichen's preparation, is useless to one who uses Fincke's, which are made quite differently, and do not represent the same thing; and as Swan's, Lehmann's, Boericke's, and Skinner's differ from the others and from one another, the experience of the practitioner with any one of these preparations must be useless to him who uses any other. Thus the simplicity and uniformity which Hahnemann so emphatically enjoined is sacrificed, and those who use the preparations of these high-potency manufacturers may be Jenichenians, Finckeans, Lehmannians, and so on, but they have no right to call themselves Hahnemannians, for they act exactly contrary to what Hahnemann taught. It is quite possible that the practice with these so-called high potencies may be infinitely more successful than that with medicines prepared according to Hahnemann's method; and if so, why not give their inventors the full credit of it, and depose old Hahnemann from the hitherto acknowledged headship? But to contravene Hahnemann's directions and teachings in every essential point, and to call themselves Hahnemannians *par excellence*, is quite unjustifiable, and is indeed absurd; for the high-potency practice is not a further development of Hahnemann's method, but is a new departure altogether at direct variance with Hahnemann's teachings.

Those of us who practice Hahnemann's system with modifications suggested by experience and reflection, which we imagine, perhaps mistakenly, to be improvements, do not announce ourselves as Hahnemannians or bestow on those who differ from us uncomplimentary epithets. The liberty we claim to ourselves in judging of Hahnemann's teachings we freely ac-

cord to others, but at the same time we decidedly object to those who have departed further than ourselves from Hahnemann's rules putting themselves forward as the faithful interpreters of Hahnemann's views. If we prefer the decimal scale of dilutions to the centesimal, we do not pretend we are carrying out Hahnemann's directions. If we give lower dilutions than the 30th, we do not say we are thereby showing our adhesion to the *verba magistri*—though on the subject of doses the *magister* had many different *verba*, and we could cite his very last instructions as his authority for giving medicines not only in lower dilutions than the 30th, but also for repeating the medicinal dose "an incredible number of times." If we occasionally prescribe medicines from clinical symptoms only—*uc usa in morbis*—we acknowledge that Hahnemann was dead against that method; and if we sometimes even give medicines from pathological indications only, we do not parade such cases as "Hahnemannian Homœopathy," nor boast that we are treating our case on "Hahnemannic principles."

Hahnemann has laid down distinct rules for the preparation of his medicinal dilutions. Who are Jenichen, Boericke, Lehmann and the rest, and what have they done for homœopathy that we should, at their bidding, reject all that Hahnemann taught on the subject, and adopt their impure, novel pharmaceutical methods in place of Hahnemann's pure, simple, and well-tried plan? Probably these high-potency manufacturers know that they would get no custom for their wares if they advertised them in their own names as something quite different from Hahnemann's preparations, so they announced them as a development of Hahnemann's method, and assured their customers that by employing them they would show themselves Hahnemannians *par excellence*, and the result shows that they knew their men, and that these did not know their Hahnemann.

The practice of these self-styled Hahnemannians may be a great improvement on Hahnemann's practice, it may be everything its professors claim for it, but it is certainly not according to Hahnemann's teachings, and its practitioners have no right to call themselves Hahnemannians, except on the *lucus a non lucendo* principle, which has never yet received a scientific sanction. That those whose practice is so widely different from, so directly opposed to, Hahnemann's teachings should call themselves Hahnemannians, and really believe that they are his only true followers, shows that Hahnemann has already become a myth or legend, and that practices and doctrines he never taught, and which indeed he more or less explicitly denounced, are attributed to him by those who profess to hold him in extreme veneration. I would recommend to these inconsistent disciples, who honor the name but despise the teachings of the master, a course of reading of his works, chiefly the *Organon*, the *Materia Medica Pura* and the *Chronic Diseases*, in their latest editions, feeling assured that if they give these works serious study they will see how opposed their practice is to Hahnemann's teachings, and will cease to call themselves Hahnemannians; and possibly they may then leave off calling unpleasant names those whose practice has not gone quite so far astray as their own from Hahnemann's.—*Dr. R. E. Dudgeon, in Homœopathic World.*

Responsibility in Abdominal Surgery.

The medico-legal questions that may confront the operator in abdominal surgery are discussed and thus summarized by Dr. W. W. Porter, of Buffalo, in the *American Journal of Obstetrics*:

1. *The Operator's Ability.* — What has been his apprenticeship, what his surgical aptitude, his experience, his fertility of resource — in short, speaking surgically, his abdominal instinct?

2. *The Propriety of the Operation.*—Has this been established beyond reasonable doubt, and have its necessity and dangers been fully explained to the patient and his or her friends; or, in case of minors, to guardians or parents?

3. *The Consent of the Patient.*—Has this been obtained in a legal and binding manner, and have the near friends also consented; and, in case of minors, have the parents or guardians legally consented, and is there indubitable proof of this?

4. *The Preparation of the Patient.*— Has this been adequately done, in accordance with the modern rules of abdominal surgery?

5. *The Anesthetic.* — What form of this was used, and was the anesthetizer experienced in the administration of anesthetics; were the proper precautions taken to determine the relative safety to the patient of the anesthetic chosen?

6. *The Operation.* — Has it been performed with that skill that the present light of the science would demand?

7. *The After-Treatment.*— Was this in all its details scrupulously and zealously carried out

under the eye of the operator? Was a skilled nurse employed, who faithfully attended to her duties? Did the attending physician yield absolute control to the operator?

8. *The Environment.* — Was the operation done in hospital, public or private, or at the home of the patient?

9. *The Transportation of the Patient.* — Was the patient removed prior or subsequent to the operation? If so, under what circumstances? Was it with the advice and consent of the surgeon, and under his superintendence?

On a trial for manslaughter, resultant from a disastrous abdominal operation, some or all of these questions would form proper subjects for inquiry by the court, and therefore appear germane to the purposes of this discussion. Doubtless others will be dealt with by the authors who jointly appear in this debate. I will therefore conclude what I have to say in a few brief sentences, bearing on the rights of patients and operators:

A patient has the right to refuse operative treatment, however urgent or imperative the need.

After operation the patient has the right to refuse further attendance or treatment from a physician or surgeon who may have been in charge, either as operator or otherwise.

The patient, if sane, has the right to be removed at any time she may elect. Her actions or movements, her acceptance or non-acceptance of a course of treatment by her physician, are matters of her own option, over which he can exercise no legal control. She can go counter to or in accord with his advice, as she may will. He cannot exercise over her person any authority beyond that to which she consents.

For any act of duress the physician could be held legally liable.

In the matter of the husband, his legal control over the wife would not prevent her from submitting to surgical or other treatment at the hands of a physician of her own choice, but with her consent the husband would have the right to direct or control her movements in the face of any protest of the physician.

The same principles in a modified form apply in cases where there are guardians.

From the foregoing it will be seen that the physician is absolutely helpless in all cases that he cannot reach and control by moral suasion. This places the abdominal surgeon at a peculiarly trying disadvantage, for he is in the rather anomalous position of incurring grave legal responsibilities in cases where he has few legal rights or privileges.

The Differential Diagnosis of Ulcers.

1. Ulcer of Dermatitis.—By far the commonest of all, and forms the typical ulcus cruris, the varicose of chronic ulcer, as well as the ulcerative lesions due to traumata. *Located* on parts exposed to irritation (hands, etc.), or where the anatomical vascular conditions are such that reparative processes are interfered with (lower portion of leg, etc.); *number*—usually single; *shape*, regular; *surrounding skin*, inflamed widely; *margins*, may be infiltrated with inflammatory effusion, but soft and doughy; *edges*, sloping to centre, or straight; *base*, even, covered with granulations and moist, or dry and glistening, no necrotic tissue; *secretion*, abundant or scanty, never foul; *general health*, usually good; *history*, of an irritant, a blow, friction, the use of acids, etc.; remains long unchanged (for years).

2. Ulcer of Syphilis. — *Located* anywhere; *number*, often multiple; *shape*, gyrate or kidney-like; *surrounding skin*, not inflamed; *margins*, solidly infiltrated and sharply limited; *edges*, excavated and undermined; *base*, unhealthy, dusky brown or gray, and covered with necrotic masses; *secretion*, abundant, very foul, and may dry into the characteristic "oyster-shell" crusts. *General condition*, bad, evidences of a systemic malady; *history*, no traumatism, but spontaneous appearances of nodules, subsequently breaking down in the centre, and spreading peripherically; often serpigenous; other manifestations of syphilis or their remains present; same area of skin never twice affected.

3. Ulcer of Lupus and Tuberculosis.—*Location*, most common on face; *number*, usually single; *shape*, irregular; *surrounding skin* shows pathognomonic lupoid lesions, or scars resulting therefrom; *margins*, soft and flat; *edges*, sloping; *base*, red, covered with granulations, and bleeding easily, or covered with a brown-black horny crust; *secretion*, moderate; *general health*, usually good; *history*, extreme chronicity, lasting many years; begins in youth or early adult life; pin-head sized, soft, reddish-brown lupus nodules around ulcer, or in its margin or in scar-tissue; or thick, dark-brown, warty adherent permanent crusts; bacillus tuberculosis present.

4. Ulcer of Leprosy.—*Location*, first on extremities; *number*, multiple; *shape*, indeterminate; *surrounding skin*, often atrophic and white; *margins*, firm; *base*, indolent and foul; *secretion*, scanty; *general condition*, very bad; *history*, sojourn in leprous localities; attacks of erysipelas (leprous fever); anæsthesias, atrophies, and other evidences of macular, tubercular, or anæsthetic leprosy; bacillus lepræ. Very rare here.

5. Ulcer of Actinomycosis.—*Location*, usu-

ally near maxillæ; *number*, single; *secretion*, abundant; *general condition*, fair; *history*, gradual swelling involving soft parts and bone, with subsequent breaking down; actinomyces in secretion.

6. Ulcer of Chancroid.—*Location*, usually on genitals; *number*, often multiple; *shape*, round at first; *surrounding skin*, inflamed; *margins*, soft; *edges*, undermined; *base*, angry and dry; *secretion*, scanty; *general condition*, good; *history*, vesicle first, which breaks, leaving a painful pin-head-sized ulcer, which spreads; auto-inoculability; local lymphatic gland involvement.

7. Ulcers of Carcinoma and Epithelioma.—*Location*, C. occurs anywhere, E. commonest around head and face; *number*, varies; *shape*, indefinite; *surrounding skin*, normal; *margins*, firmly infiltrated with a white waxy, material, over which run dilated blood vessels; *secretion*, scanty; *general condition*, bad in advanced cases (septicæmia); *history*, C. begins as a hard, subcutaneous tumor, subsequently breaking down; E. as small, waxy, or bluish, painless nodules, slowly enlarging, and finally breaking down in centre; usually in the aged; characteristic microscopic appearances.

8. Ulcer of Sarcoma.—*Location*, general over body; *number*, multiple; *surrounding skin*, healthy; *secretion*, scanty; *general condition*, bad; *history*, contemporaneous appearance of a number of subcutaneous tumors, which gradually grow, coalesce, and ulcerate; involvement of internal organs; marasmus; characteristic microscopic small-celled growth. Very rare.

9. Ulcer of Scurvy, Diabetes, etc.—*Location*, anywhere; *number*, single or multiple; *general condition*, bad; *history*, of general disease; other symptoms of scorbutus, diabetes, etc.; glycosuria, stomatitis, hemorrhages. —*Int. Jour. of Surgery.*

Senile Articular Changes in Joints and Rheumatoid Arthritis.

Dr. Kasanli has published an account of some microscopical observations he has made on the morbid changes of the various structures of the knee joint which accompany old age, with the view of comparing these changes with those occurring in rheumatoid arthritis or arthritis deformans, as this affection is frequently called on the Continent. The morbid changes found in the synovial membrane were most marked in the adventitia, and consisted in hyperplasia of the cellular elements and the development of connective tissue in the adventitia, together with thickening of the walls of the capillaries lying beneath the intima synovialis; also in a varicose enlargement of the capillaries, in separation of adipose tissue in the synovial membrane, and in splitting of the adventitia into fibres. In the cartilages the cellular elements were found to be undergoing fatty degeneration, and the interstitial substance to have broken up into fibres, and to have become infiltrated with certain saline matters. In the spongy portion of the epiphysis of the femur the trabeculæ had become very thin, and cavities had been formed by the absorption of the osseous substance of lamellæ, into which the bone near the cartilaginous covering had split up. In the medulla of the bone there was a marked deficiency of medullary elements, the small vessels were affected by a varicose enlargement, and their walls were thickened. These changes, which occur normally in the knee joint in old persons, are, according to Dr. Kasanli, very similar to those found in rheumatoid arthritis. —*Lancet.*

Infection in Phthisis.

The *New England Medical Gazette* has this to say on this subject:

Inhalation as a means of infection in pulmonary phthisis, came in for mention in the very thorough and interesting discussion of phthisis in many different aspects, which was such an interesting feature of the last meeting of our Massachusetts society. The opinion was expressed that the fact of phthisical infection through inhalation was as yet far from established. On doubtful questions, fresh facts, especially if they be authoritative ones, are always most welcome, and we therefore call the attention of our readers to the following very remarkable instance, bearing very directly on the subject, which we quote from the *Boston Medical and Surgical Journal:*

Dr. Marfan, chief of the medical clinic of the Faculty of Medicine of Paris, gives the details of a localized epidemic, which is very significant, and is also a timely contribution to the literature of tubercular infection. In an important business house in the centre of Paris, twenty-two persons were employed about eight hours a day. One of them, aged forty, employed at this place for twenty-four years, had been phthisical for three years, when he died, on the sixth of January, 1878. He coughed and spat upon the floor for three years, and did not leave his work till three months before his death. From that time, out of twenty-two persons employed, fifteen have died. One only died of cancer, the remaining fourteen died of pulmonary tuberculosis. One year before the death of the first person, who appears to have been the starting-point of the epidemic, two employees who had been connected with the same business for more than ten years, began to cough and spit upon the floor. They died in 1885. Beginning with the end of 1884, the deaths followed each other at closer intervals.

Dr. Marfan states the unsanitary conditions of the apartment in which these persons were employed. It was small, and the cubic air-space was less than ten cubic metres (350 feet) to each person. It was badly ventilated, badly lighted, and the gas was burned a part of each day, especially in winter. The floor was of wood, uneven, cracked, and very dirty. The first victim of phthisis, and those who followed, spat directly on the ground, and the sputa becoming dry, were converted in this already unhealthy apartment into a poisonous dust. The room was swept each morning, and sometimes the employees arrived before the sweeping was finished, and while the dust was still floating in the air. It was difficult to sweep the room thoroughly, since the tables were fixed to the floor. It appears very probable that the swallowing and inhaling of this tuberculous dust was an essential factor in the propagation of the disease.

The proprietors of the place where the deaths occurred removed and burned the floor, and so rapidly was the work accomplished that the reporter had no time to collect a sample of the dust from the cracks in the floor, for the purpose of experiments upon animals. A new floor was laid, which was waxed and treated from time to time with spirits of turpentine; all painted surfaces were repainted, and Dr. Marfan recommended that the floor should be swept in the evening, after the departure of the employees, and that the windows should be left open all night.

Dr. Vallin recommends, in place of these measures, a mixture of equal parts of coal-tar and spirits of turpentine, or of paraffine dissolved in warm petroleum, and, in place of the sweeping, the removal of the dust by sponges, or cloths moistened with an antiseptic solution.

The Two Croups.

The contrast between the symptoms of typical cases of primary and diphtheritic croup is indicated in the following groups:

PRIMARY CROUP.	DIPHTHERITIC CROUP.
A local disease.	A constitutional disease.
Begins in the larynx.	Begins in the fauces.
Not traceable to local cause.	Often traceable to bad drainage, etc.
Neither contagious nor infectious.	Both contagious and infectious before and after death.
Membrane does not extend to nares.	Membrane often extends to nares and other parts.
No symptoms of septicæmia.	Septicæmia generally present.
No affection of lymphatics.	Lymphatics usually affected.
Neither attended nor followed by paralysis.	Paralysis not infrequent.

Hints on the Use of Remedies in Diseases of the Eyes.

We will take first Aconite, that often indicated, but much abused remedy in diseases of the eye. The sphere of Aconite is mostly limited to conjunctivitis following surgical operations on or about the eyes, to traumatic conjunctival affections, or to those affections of the eyes which have their origin in exposure to dry, cold winds. The symptoms are covered by a few words: "heat, burning and dryness in the eyes, with soreness, sensitiveness, and photophobia, particularly from sunlight." The greatest dependence in prescribing aconite in ocular disorders must be placed upon the origin of the trouble in traumatism, or in exposure to dry, cold winds, and in the fact that the inflammatory condition is either of recent origin or that the trouble is an aggravation of a pre-existing state of inflammation due to the causes mentioned.

For these symptoms of Aconite, Belladonna is frequently mistakenly prescribed. Now, Belladonna is very rarely indicated in ocular diseases, and when we take up these symptoms which this remedy covers the "reason why" will be plain. In inflammation of the eyes Belladonna will be found indicated by the suddenness of the attack, by the sudden violence with which the symptoms of the disease become manifest. And then, especially in diseases of the ocular fundus, this remedy, if indicated at all, will be pointed out by some of its characteristic head symptoms. There is, beside, intense redness of the eyeball and a feeling that the eye is swollen. It might be thought perhaps that throbbing pains about the eyes would be an indication for Belladonna; but "throbbing pains" are seldom found in diseases of the eye, except in suppurative conditions, and such phlegmonous states point rather to Hepar sulphur, to which we will return later.

Turn now to Euphrasia officinalis; there are a number of remedies to be differentiated. And first of all, Aconite, which never has anything like the acrid lachrymation of Euphrasia, we may set quite to one side, although the latter remedy occasionally comes into play in traumatic conjunctivitis. As to the precise indications for Euphrasia, there are the symptoms of "redness and injection of the conjunctiva." The lids become puffy, dark red, and there ensues a thick, excoriating discharge. Even the tears that run over the cheeks are acrid, and excoriate the skin of the eyelid. Photophobia is present both from sunlight and artificial light, but particularly is there dread of the lat-

ter. Occasionally a film of mucus collects over the cornea, and the patient complains of transient obscuration of vision, relieved by winking the eye. Euphrasia, we have said, is sometimes indicated in traumatic conjunctivitis, but this is especially where the inflammation produced by the irritation of a foreign body takes on a phlyctenular character, with the characteristic acrid discharge, thus differing entirely from Arnica and Aconite, neither of which ever presents these conditions. Thus we sometimes succeed with Euphrasia in the phlyctenular keratitis or conjunctivitis of scrofulous children where the initiation of the trouble can be traced to traumatism, such as sand having been thrown into the eyes.

Here we must think of Arsenicum, a remedy similar to Euphrasia in many ways. Both have acrid discharge, and both are called for in scrofulous children. Arsenicum, however, is more frequently indicated in the long-standing eye affections of scrofulosis, and particularly in the form of Arsenicum iod. in recurrent eye troubles with such an underlying basis. Under Arsenicum the tears are not only acrid, but they are also hot and burning. The palpebral conjunctiva and the edges of the eyelids are red, while the swollen lids themselves are pale, except where excoriated by the discharges from the eye. Besides this, there is the distinguishing feature of Arsenicum—the relief from warm applications.

The Mercurius conjunctivitis is also characterized by a discharge of acrid muco-pus, which excoriates the eyelids and cheeks wherever it touches. But this discharge is thinner than under Euphrasia, and the eyes feel especially worse at night, and from heat and glare of a fire. It is often adapted to the conjunctival affections of scrofulous women, who are affected by being exposed to the heat of a stove. The aggravation from heat very plainly separates the mercurial cases from those to which Arsenicum and Euphrasia are adapted.

Kreosote is also credited with a symptom that is slightly similar (in its phraseology) to that under Euphrasia, that is, "a discharge of hot, scalding tears from the eyes, occurring early in the morning."

Rhus toxicodendron resembles Euphrasia in the acridity of the discharge from the eye. "The eyelids are spasmodically closed, and from between them, when forced apart, there gushes a profuse flow of tears or of yellow muco-pus, which excoriates the cheeks and causes a crop of pimples all around the lower margin of the orbit."

But however prominently Rhus toxicodendron is thrust forward in this group of remedies with excoriating discharge, it requires still more careful differentiation to separate it from Apis. Under Apis, the lids are swollen, red, and œdematous. There is a burning and stinging in the lids with sudden and severe pains, and with relief from cold applications. Concerning the resemblance of these symptoms to those of Rhus toxicodendron, we can give nothing better than one of Farrington's masterly comparisons. Speaking of Apis, he says, "The eyes are oversensitive to light. The conjunctiva is reddened, or puffy and chemosed. Still this swelling of the palpebral conjunctiva under Apis is more from congestion than from a true chemosis, as under Rhus toxicodendron, which is very similar, especially in œdematous swelling of the lids; chemosis; hot, gushing lachrymation; erysipelas. But Apis has less tendency to the formation of pus, a symptom highly characteristic of Rhus. In the former the pains are stinging, the time of exacerbation is evening, and cold water relieves the inflamed lids. If erysipelatous, the lids are a blue red, looking watery, as if transparent. In the latter, the pains are worse at night, particularly after midnight, warmth relieves; the erysipelatous lids are of a dusky red, and, together with the cheeks, are studded with small, watery vesicles. The pains are usually drawing, tearing; though in erysipelas they may be burning, stinging, but with more itching than the bee poison."

Next to mind, among the hints stored away in our note-book on diseases of the eye, comes Agaricus, with the reputed similarity of its symptoms to nictitation and to twitchings of the eyelids. But I am free to confess that I never have seen the slightest benefit from Agaricus when prescribed on these indications alone. I would rather pin my faith to Gelsemium, in general, where there are no particular indications pointing to a remedy for twitching of the eyelids; to Hyoscyamus, where there also exists twitching of other muscles of the body during sleep; to Actea racemosa, in young girls with incipient chorea; or to Ignatia, in women with hysterical symptoms.

There is a condition to which Alumina has seemed especially adapted that I cannot remember having seen described in text books. After long abuse of caustics and astringents in trachoma, where there is dryness and stiffness of the lids from the resulting cicatrization, and where the patient complains of scratching in the eye, especially about the inner canthasis Alumina has often removed the subjective symptoms, and appeared to considerably modify the dryness and cicatricial condition of the scarred mucous membrane.

For suppurative conditions pertaining to

diseases of the eye, we chiefly think of five remedies. Two of these, Mercurius and Rhus toxicodendron, we have treated of. The remaining three are, Asafœtida, Aurum and Hepar sulphur. By some strange chance each one of these three is especially indicated in syphilitic patients after the abuse of mercury. All have throbbing pains in the eye, and soreness about the orbit, with phlegmonous inflammations. Asafœtida, however, has relief from the pains by pressure on the eye-balls; Aurum has relief from warmth; but there is never under either of these two remedies that exquisite sensitiveness of the eye to touch and to cold, nor the marked relief from keeping the eye and head wrapped up warmly, symptoms so characteristic of Hepar sulphur.

This attempt to put before the general practitioner a few practical hints, intended to serve his needs in differentiating remedies in those cases of eye diseases that are ordinarily met with, would be incomplete without a few words on those remedies applicable to ocular troubles arising from dyscratic conditions. But Farrington, in his *Clinical Materia Medica*, has so thoroughly discussed this subject that we prefer to terminate with a quotation taken from his work: "In inflammation of the eyes of a scrofulous character we have no remedy, not even Calcarea, Sulphur, or Arsenic, that excels Graphites. The cornea is apt to be covered with superficial ulcers, or, again, it may be inflamed. There is thickening of the eyelids, particularly along the edges, which are covered with scurf or scales. The lids may be agglutinated or not, but the grand characteristic which makes the choice of Graphites certain is this: The blepharitis is worse in the angles of the eye, in the canthi. If that is present, you need not hesitate to use Graphites. The thickening of the cartilages of the lids may be so great as to produce ectropion or entropion. Then, too, the eyelashes become wild, turn in towards the ball of the eye, and irritate the conjunctiva. Hardened styes may appear along the edges of the lids. * * * Sometimes you find Graphites indicated in phlyctenular ophthalmia. Little vesicles form on the cornea, and on other parts of the eye, producing profuse burning lachrymation. These tears are mixed with pus, which is thin, and excoriates the cheeks over which it flows. The discharge from the nose, which is partly from the eye by way of the puncta lachrymalis, is also thin and excoriating, and you find cracks and crusts around the nostrils, quite in harmony with the condition of the borders of the eyelids.

"I would now like to mention briefly a few of the distinctions between Graphites and its allied remedies. Petroleum or coal oil is similar to Graphites in many of its symptoms. It has an eruption very much like that of Graphites, and is particularly indicated when the most marked symptom is an intertrigo behind the ears. If the child is old enough, he will also complain of aching and other painful symptoms in the back of the head. The main distinction between the two remedies is that Graphites pictures more of a herpes, and Petroleum a pure eczema."

In prescribing Calcarea ostrearum, the local symptoms, particularly those of the eyes, do not help you much. They are too general. They are just the symptoms of scrofulous ophthalmia. But you would be aided in your selection of the drug by its general symptoms, sweat of the head and cold, damp feet (which are not prominent under Graphites). You may also remember that Calcarea ostrearum is the best remedy for the result of scrofulous ophthalmia, rather than the acute symptoms themselves. It is best suited to opacities of the cornea and the thickening of the lids.

Arsenicum has the same burning, excoriating discharge from the eyes, but is distinguished by this: the lids are spasmodically closed. Otherwise the symptoms are provokingly similar.

Sulphur will help you when the edges of the lids are redder than natural, while under Graphites the edges of the lids are paler than they ought to be.

Euphrasia is useful in phlyctenular ophthalmia with excoriating discharge, etc. But although the discharge is excoriating under Euphrasia, it is thick and purulent, while it is thin under Graphites.

Mercurius is also useful in scrofulous cases, especially when the patient is worse at night, and from the heat and glare of the fire. Mercury is decidedly preferable if syphilis complicates scrofulosis.

Hepar is very similar to Graphites. It is preferable where there is throbbing in and about the eye. Now, if the child is not old enough to tell you if there is throbbing in and about the eye, you will notice that there is pain, and you will see evidences of the formation of pus; for instance, suppurating styes form on the lids. Hepar suits the suppurative process better than does Graphites. You will also notice that the Hepar child will not allow anything to press on the eye, because the parts are so sensitive.—*Dr. H. H. Crippen, in Medical Argus.*

WORTH KNOWING.

All varieties of cancer are purely local in their first stages.—*Dr. J. W. Streeter.*

When pigmentation is due to Addison's disease there is always pain or tenderness over the solar plexus.—*Dr. Piffard.*

Persistent fissure of the lip may be the result of tobacco poisoning, chronic gastritis or chronic hepatitis with alteration of structure.

Perforating appendicitis is the most frequent source of suppurative pylephlebitis, and the disease is invariaby fatal.—*Dr. Strümpell.*

It is difficult to clean and sterilize many of the double-current tubes commonly used for intra-uterine irrigation.—*Dr. W. W. Jaggard.*

It is now the received opinion of the best observers and clinicians, that eclampsia is caused by the suppression of natural evacuations, both fæcal and urinary or from the absorbed products of internal putrefaction.—*Dr. T. Griswold Comstock.*

When suppuration has occurred, in acne, the earlier the pustule is punctured, the less likelihood of leaving a scar; and even when there is no pus visible on the surface, a deepish puncture of the red papule will generally give exit to a small bead of it.—*Dr. H. B. Pettingill.*

Every physician who has had occasion to treat cancer of the uterus is familiar with the sickening odor of the vaginal discharges accompanying that disease, and how impossible it is to wash the hands with soap and water sufficiently clean to rid them of this odor after handling one of these cases. I have a case under my care now of the cauliflower variety, and the vaginal discharges are sickening in the extreme. I have found that after washing my hands, one application of oil of turpentine to them, followed by another washing with soap and water, removes all odors completely.—*Dr. Bevill.*

The accumulated evidence from clinical experience goes to show that carcinoma of the cervix uteri is capable of being permanently cured by an operation, hence the importance of an early diagnosis cannot be overestimated. To obtain this diagnosis early enough to admit of the benefit gained by an operation, Dr. C. H. Stratz gives us as the most important signs of carcinoma: (1) The diseased place is sharply limited by sound tissue, and never goes over into it by degrees. (2) A difference in the level of the whole diseased portion can always be made out. (3) Carcinomatous portions have always a light yellow color. (4) The malignant deposit is usually shown as finely granular, whitish-yellow, glistening elevations, at least in individual places.

Leprosy now exists in almost every part of the world. Its ravages are particularly violent in the Sandwich Islands, in Japan and China, in India, Palestine, Brazil, Norway and Sweden. There is no civilized region of the globe where isolated cases may not be found. In 1870 there were said to be 120,000 cases of leprosy in India, and under native rule there, up to 1815, lepers were buried alive. In the Sandwich Islands there are now over two thousand cases of leprosy known, and many more suspected. The spread of the disease threatens the extinction of the entire Hawaiian race. In each country where it exists the history of its spread is the same. The history of the Arcadian lepers is a perfect illustration. Starting from a single case, brought to the land in some chance way, the presence of the disease is unnoticed until its virus is fairly in the veins of a generation. The segregation and imprisonment of lepers is then ordered, but it seems almost impossible to stay the slow creeping of the disease among the people.

By breaking down the nervous system, the brain-cramming, the intellectual rivalry, the buckram properties, and the unwholesome confinement of our boarding-schools and public schools, breed a host of sickly girls, who swarm in every class of society. Manifold diseases, both functional and structural, date from the recitation-room. They are mostly of a uterine complexion, for at that time of life the sexual sphere dominates, and the brunt of the nervous and of the vascular disturbances which form the essence of nerve-exhaustion, fall on the most exacting organs—the reproductive. Hence these suffer from neuralgic pains, or from congestion, and the lesions coming from prolonged congestion. Yet physicians, misled by the urgency and number of the so-called uterine symptoms, mistake the effect, or more often the counterfeit effect, for the cause, and give a local treatment when it should be a constitutional one.—*Dr. Goodell.*

I may say that cancer is a common cause of metrorrhagia in women over thirty-five years of age, and I regret to acknowledge that there are still men high in the respect of their colleagues who regard menorrhagia at the time of menopause as evidence of its normal approach. To my mind there is no more iniquitous teaching, or one fraught with more disaster to our reputation with the public. In my experience, I have never failed to find either malignant disease or fungous degeneration of the endometrium, and who can say but that the menorrhagia was, in fact, a warning to remove the benign embryo that the destroying

parent might not get vigorous life? Clinical examples have occurred to most of us wherein the microscope could not discover evidence of malignancy, and yet these patients died of undoubted cancer. All physicians should therefore insist upon examination of their patient under such circumstances and advise them accordingly.—*Dr. Alloway.*

As a result of my observations, I would lay great stress on the treatment of amenorrhœa and other menstrual disorders *whenever* they accompany insanity, although by many authors such treatment is not advised. It is worthy of note that out of the thirty cases, where amenorrhœa existed, fourteen suffered from melancholia in various forms. This bears out what has been remarked by other observers, that melancholia with or without stupor and primary dementia, depends on, or is associated with, menstrual derangement more commonly than other forms of insanity. The usual remedies were employed for treating amenorrhœa. The long continued use of permanganate of potash gave gratifying results, and succeeded in cases which had defied other treatment.—*Dr. John Warnock.*

Hypnotism favors and develops tendencies to hysteria. Hysteria is a disease in which the higher cerebral activities are suspended; now this is a leading and essential characteristic of the hypnotic state. The Minister of War in France, in consequence of certain bad results, has forbidden military physicians to resort to hypnotism among the soldiers, from fear that hysteria might be prevalent in the army. The same proscription, says Professor See, ought with at least equal force to apply to the practice of hypnotizing children, who may be made fools or crazy by the constant repetition of such practice. Gilles-de-la-Tourette declares that those that are hysterically predisposed are almost certainly made hysterical by frequent hypnotizing, and as for those already hysterical, if, by chance, one now and then succeeds in curing a paralysis or a contracture, it is only to make the disease locate itself elsewhere, or substitute for the contracture or paralysis a series of fits.

The experienced eye can detect the habitual eater of opium by an uncertainty of gait, a sallowness of skin, and other symptoms. It is likely that the sallowness of complexion and weakly appearance so universal among the Chinese one sees, is due to this. Everywhere throughout that part of China which is familiar to travelers the fields of rice are checkered with wide areas of growing poppies, the seeds of which the natives steep to make an intoxicating liquor. This is the most primitive method of consuming opium. For commercial uses it is gathered by cutting open the poppy seed heads with a knife, leaving the opium gum to exude. Ropes, held taut, are then dragged across the tops of the plants by pairs of laborers, and the gum sticks to the hempen strands, from which it is subsequently taken and packed for sale. The people in the far-away mountain region in China, where opium is unknown—particularly in the rugged north—are big, strong and healthy.

There are few cases of severe knock-knee and bow-legs in this country, but among the ill-fed lower classes of Europe they are common. Formerly almost nothing could be done; but a few years ago surgeons began to operate upon them in this way: A small cut is made through the skin and muscles down to the bone, and by a saw or a chisel the bone is divided. This limb is then straightened and the case treated precisely as if it were an ordinary fracture. It heals without fever or serious pain, and the patient is well. With modern methods this is not a dangerous operation, as will be seen by the remarkable paper read by Macewen of Glasgow at the International Medical Congress of 1884 in Copenhagen, when he reported 1,800 operations on 1,267 limbs, in 704 patients, and only five died, in spite of the fact, too, that most of them, from deformity in several limbs, had to have multiple operations. Even these deaths were not due to the operation, but followed from pneumonia, typhoid fever, consumption and diphtheria.

The difference between coffee and tea and the excitation caused by alcohol has been ascertained. In the first place, each of the three stimulants accelerates cerebral activity; but alcohol exercises its primarily accelerating action on the motorial effects, on the execution volition, while it retards very soon perception. The caffein contained in coffee, and in higher degree of tea, on the contrary, induces an accelerated, and at the same time more lasting, perception of impressions from outside as well as their connection into complicated groups, without at the same time provoking discharges in the muscular system. While alcohol removes checks and cares, renders us courageous and overbearing, prone to considerable pranks, but incapable of serious intelligent work, tea keeps us awake and attentive during protracted intellectual effort, and facilitates the perception of otherwise fatiguing details. Chronic abuse of alcohol, as might be expected, induces a progressive disappearance of psychic checks, of self-control, a decay of character, of moral firmness; while habitual use of tea never causes similar disturbances, limiting its undesirable effects, if at all, the insomnia and neurasthenic conditions.

In connection with the obstetrical department of the Vienna hospital, and in the hope that the system would prevent induced abortions among the lower classes, the following plan was adopted some years ago:

Any woman can enter the hospital, masked or not, as she desires; be known only by a number; live according to one of three grades—the cheapest costing about thirty cents a day; be attended in labor by skilful accoucheurs, and leave the hospital when she desires, with or without the child. If without the child, it is given a number, by which the mother can reclaim it even after years. When not reclaimed, the child, if a boy, is brought up as a soldier; if a girl, as a nurse.

The only condition required of the mother is the payment of the small living fee (thirty cents a day), and enclosing her name and address of friends in an envelope to the secretary of the hospital, which is only opened in the event of her death while in the hospital. If all goes well, on her departure from the hospital it is returned to her unopened.

This plan has, indeed, decreased the abortions and increased the population of Vienna, but it has also removed another check on free intercourse—the fear of becoming pregnant.

Fissure of the neck of the bladder is apparently much more commonly met with than fissure of the anus, but was seldom recognized. The fissure can be seen by gently distending the urethra with proper specula, and throwing in light with a dead mirror. It is a narrow, grayish ulcer, similar to a narrow aphthous spot in the mouth. The primary symptoms are pain in urination, lasting tenesmus after urination, and frequent urination. Secondarily come catarrhal cystitis and nervous derangements. The ulcer might be caused by the compression of folds of urethral mucous membrane by a uterus out of place, from a scratch by passing bits of gravel, or it might be simply microbic, as the aphthæ of the mouth are now known to be. Treatment consists in dilating the urethra slowly with the finger, to accomplish the same end as when we stretch the sphincter of the anus for fissure in that locality. Immediately after urination a few drops of a five per cent. cocaine solution injected at the neck of bladder would at once control the painful tenesmus. The wool tampon for the vagina would give a feeling of great comfort and lessen the tendency to spasm of the bladder. Absorbent cotton should never be used for the tampon, because when it becomes stony in a few hours it irritates the bladder just as it usually does the uterus.—*Dr. Morris.*

CORRESPONDENCE.

Our Foreign Letter.

BERLIN, September 11, 1890.

Dear ERA:

Leaving London in July, crossing the North Sea to Antwerp, thence to Brussels, thence to Cologne, and up the beautiful and romantic Rhine to Mayence, thence to Leipzic and Dresden, I now find myself in this great German capital and medical centre, where I came to attend the International Medical Congress and to do special work under the renowned Martin. At Leipzic it was my privilege to see both Sänger and Thiersch operate; the former, although comparatively a young man, being well known by his excellent work as a laparotomist, and the latter by the antiseptic fluid which bears his name, but which he neither uses nor recommends. I also visited the neat little Homœopathic Hospital of Leipzic, and of course saw the excellent statue of the immortal Hahnemann, erected to his memory by the people now grateful for the genius which gave to the world a new and better system of medicine. At Dresden I remained ten days with Professor Leopold—the prince of good fellows and good surgeons. He has charge of the large State Frauenklinik located in Dresden, and the amount of clinical material of a certain kind is simply inexhaustible. Leopold first attracted the attention of the surgical world by his marvelous success in performing the Cæsarian section, losing but two mothers in forty cases, and saving a very large per cent. of the children, and this, too, at a time when the Porro operation was rapidly supplanting the older one because of the frightful mortality of Cæsarian section. In Leopold's clinic antisepsis is observed in all of its details. The walls and floor of the laparotomy room are of smooth marble, and before each operation every nook and corner are thoroughly washed down with a bi-chloride solution. The hands of the operator, assistants and of all the nurses are washed for ten minutes in antiseptic solution, and neither the operator nor the assistant permits his hands to touch anything during the operation that has not been made thoroughly aseptic. To cap the climax, each spectator is compelled to roll his sleeves above the elbows and to wear an antiseptic gown extending to the floor. Whether these precautions are necessary or not, Leopold's success has been remarkable. During my stay with him I saw fifteen abdominal sections, including three for extra-uterine pregnancy and two vaginal hysterectomies, all skilfully and deftly performed. The position in which he places the patient

for a laparotomy is unique. He has for a table a double inclined plane, the patient's knees being placed over the apex of the plane and the body suspended at an angle of about forty-five degrees, with the head toward the light. In this position the intestines gravitate against the diaphragm and out of the way of pelvic manipulation. His incisions are long, and the contents of the pelvis can be plainly seen, both by the operator and the spectators. Sponges are placed below the intestines to keep fluids from passing downward in the direction of the diaphragm. Leopold asserts that much of the trouble following abdominal sections is due to the manipulation of the intestines, which is avoided by this position. The advantages of seeing into the pelvic cavity are self-evident. I saw him do his one hundred and fortieth vaginal hysterectomy. To date the mortality has been but seven per cent. He has also performed the Friend operation some twenty times, with a mortality of but twenty per cent. As a plastic operator he is also most successful.

The eyes of the medical world have been upon the great International Congress during the last week. From a social standpoint, and from the standpoint of magnitude, it has been truly great. Unfortunately, from a scientific standpoint not so much can be said. Six thousand physicians, from all parts of the world, assembled at the opening, was truly a scene long to be remembered. Virchow, the president, with Lister and Koch, were fairly overwhelmed with the ovations received. Circus Renz, in which the general meetings were held, is so large that one could understand but little of the addresses made in his own tongue, and absolutely nothing of those in French and German. The sectional meetings were held in the gallery in Ausstellungs-Park, a building covering several acres of ground, the rooms of which were but poorly adapted to the occasion, so that but little could be heard from them. As a result, the attractive gardens and parks, with which Berlin abounds, were much better patronized than the Congress. The dinner given by the City of Berlin on the evening of the 5th was a most elaborate affair, and is said to have cost over twenty thousand dollars, half of which went for wine. Even such men as Virchow, Lister, Pajet and Billroth fell victims to the enthusiasm drawn from bottles, and were "passed up" in regular college style. The four balls given on Thursday night were equally elaborate, as was the final reception given at the beautiful "Kroll Garden" on Saturday night. Sectional dinners were given on Wednesday evening, it being my pleasure to attend the one for obstetrics and gynecology. At the table sat such men as Tait, Simpson, Apostoli, Leopold, Gusserrow, Credé, Bantock, Sänger, Martin, and many others equally as prominent. The scientific importance of the Tenth International Medical Congress can only be estimated when the transactions are published. It was surely a big thing, and I dare say that much good and valuable work has been done. Certainly, the Germans made every effort to secure success, and their unlimited and unequaled hospitality will ever be remembered by all whose privilege it was to be entertained. How many members of the homœopathic school were present I do not know. I was received as a member without the least hesitancy and every possible courtesy has been extended to me, as to all members. Indeed, such has been my experience wherever I have gone.

From Berlin I go to Vienna, and then to Paris.

James C. Wood.

Examining Boards.

Providence, R. I., Aug. 2, 1890.

To the Medical Era:

"A burnt child dreads the fire." Occasionally one does so before he is burnt. (Count dis chile in dere.) While my own experience with medical examining boards has been eminently satisfactory, it has failed to impress me either with the dignity or with the importance of the institution. That you may know precisely what such contrivances are likely to amount to in most states, I will unfold a plain, unvarnished tale, even at the risk of destroying forever my well-known reputation for modesty.

In the fall of 1869 I was matriculated at the Hahnemann Medical College, of Philadelphia. The summer course immediately succeeding was also diligently attended. Meanwhile, I became disgruntled at the instruction imparted by two members of the faculty, and determined to complete my course elsewhere, preferably at some allopathic school. (Young man, that was one of the great mistakes of my life; take a post-graduate course at New York if you will, but prepare for your life work in a thoroughly homœopathic institution; my labor has been seriously crippled by this self-incurred deprivation.) The Yale Medical School extended the only friendly greeting to a poor, ignorant, misguided youth who was searching for knowledge and wisdom, and accordingly at New Haven I stopped over a train while returning home. Calling upon the genial and accomplished Dean, Charles A. Lindsley, M.D., I stated my case in full, and then proposed that, although he could not recognize my homœopathic studies as anything, nor yet the summer course as a regular course of lectures, he should, in view of all the circumstances, allow me to come up for graduation after attending a summer and winter

course at his school. He told me he would present the matter to the faculty, and there was little reason to doubt that their answer would be favorable. The greater portion of the interview, which covered more than two hours, was devoted to a very animated discussion on homœopathy, which, of course, I defended to my best ability. In due season I received a note saying that while the ultimate decision of the case rested with the examining board, which was composed of the faculty and an equal number of the state medical society, I had better come, for there would probably arise no occasion for regret. *"Veni, vidi, vici."* At the end of the winter term, the board, upon the recommendation of the faculty, unanimously voted to allow me to come up for examination at the close of the summer course. Consequently, thereafter I felt as sure of my diploma as though I had it in my pocket, knowing only a complete reversal of my record could extenuate their withdrawal from a virtual grant. My sole remaining object, therefore, was to pass as brilliant an examination as possible, and this for a two-fold reason: I was a homœopath in an allopathic college, and a Brown bred boy beside a Yale alumnus. Imagine, if you can, two sharper goads than those, whose sting was keenly felt every moment of that entire year.

Despite the jealousy one might naturally expect would be enkindled among the students by my entering the school on terms unavailable to them, our relations were of the kindliest nature. Not only did they honor me with the presidency of their base ball club, but of their secret literary society as well, the Linona Lodge of the order of Æsculapius. Furthermore, some of those who graduated at the close of the winter term came to me and said, "Why don't you come up for examination now, Peck? You know as much as any of us." "That is not the point," I replied; "if the board will allow me to appear before it at the close of the summer term I shall be abundantly satisfied." Near the close of that term I chanced, one day, to try my pulse. Its beats were forty-eight. "No more cramming for me," I soliloquized. Nor did I indulge again in that amusement until the Sunday (day) before examination, when I devoted a spare hour or two to Heller's chart for urinary analysis, and the cranial nerves, on both of which I was examined. Perhaps I may as well mention here, as illustrative of my usual fate, that while I was at Philadelphia, my instructor, Malcolm Macfarlan, and his pupils were termed, with the connivance at least of some of that faculty, "the allopathic gang."

The eventful day at length arrived. I was on hand. In the college portal I found a gent whom I promptly sized up as an average allopathic country doctor. His red hair and a certain verdant air gave him immediately away. I determined at once to impress him, for would he not soon sit in judgment upon me? Accordingly, I began to expatiate on what I had seen in Philadelphia. Did I lisp a word concerning Hering, or Raue, or Thomas, or "Little Mac," as we fondly termed him? Not much! But I did blow about the matchless eloquence and superhuman penetration of DaCosta, the matter-of-fact methods of Ellerslie Wallace, the sleight-of-hand feats of Lewis, and the fearful cuttings of Gross and Pancoast and D. Hayes Agnew and Morton. I occasionally peeped out of the corner of my weather eye to note effects and to guard against overdoing the matter, but kept my tongue wagging until a professor appeared on the scene and escorted him to a safe retreat. We will see him later.

At length I was summoned to appear before the dread tribunal. Ordinarily the board acts in halves, each taking a victim, and, after torture, exchanging him. On this occasion, as there were but three unfortunates, an equal number of sections were formed, and we kept moving on until we had passed the rounds. In the college parlor I was first interviewed by Francis Bacon concerning surgery. He was most emphatically a gentleman and a scholar, a son of the distinguished Leonard Bacon, D.D. He catechized me concerning necrosis, aneurisms, modus operandi of the ligature, and some other matters that now escape me. It should be stated here that each examiner was allowed ten minutes in which to ask questions. One can readily see that if an interrogator is so disposed he can pronounce an unconscionable number of uncomfortable conundrums in that time, brief as it is. Indeed, although I have scarcely opened a chemistry in fifteen years, I doubt not my ability to "flunk" nine-tenths of the medical graduates of to-day in a similar examination on the elementary principles of that art, while conceding *my* inability to pass on *their* graduation questions. The absurdity of such a test of knowledge is sufficiently patent.

The next inquisitor was Benjamin Silliman, Jr. My attention was first directed to Yale by his name. Fortunately or unfortunately (I am unable to decide which in my retrospect of subsequent years) George F. Barker, now Professor of Physics in the University of Pennsylvania, at West Philadelphia, had entire charge of the chemical department that year. As an instructor he cannot be surpassed. Young Silliman, whose entire body contained less substance than his father's shadow, regarded him as the truly great are apt to be regarded by those who de-

pend on their extraction for their honors. He knew I had served as Barker's assistant during the entire year, and I expected to take the consequences. His first question showed I had not mistaken the situation. "What are the normal constituents of urine?" "Old fellow, I am ready for you," was my soliloquy. Aloud I rattled them off with such a dash that I skipped one, and so added "and one other." Running the list over in my mind to discover which one I had omitted I was interrupted with "It was earthy phosphates, was it not?" "It may have been," I replied, "but I am not positive." "That was the one," said he, and accordingly I acquiesced. Next he asked for tests for the various substances likely to be found therein, both normally and abnormally. All went well until we struck sugar. I told him to add a half quantity of liquor potassæ to the specimen, boil gently, and a dark brown color would appear if that impurity were present. He replied, "You haven't got that quite right, have you? Haven't you left out something?" "Guess not," I rejoined. "Isn't there a *tertium quid?*" he continued. "Don't remember any," said I. "There is, and it is sulphate of copper." I shook my head dubiously. "Whose test are you thinking of?" "I don't know; I am repeating from a chart Prof. Barker gave us." The matter was dropped here, but to say that I was mad with Barker would be to put it mildly. I proposed to call him to account in the fall when I should return to the Sheffield Scientific School. Ere then, however, I discovered in some authority that it was Moore's test I had learned, and my indignation toward my instructor was changed into contempt for my examiner, for it was his business to know all recognized tests and to acknowledge any one that might be given.

Next he catechized me on fermentation and acetous decompositions, gliding naturally thence to the inexhaustible subject of alcohols. I was fast getting beyond my depth when "Time up!" quietly remarked Bacon, and I joyfully realized my torment was over. When I subsequently narrated my experience to Barker, he quietly smiled, and significantly remarked, "I should like to examine *him* twenty minutes on alcohols." That is the only time he ever did so much as to intimate his opinion of his then rival. He told me to form my own estimate of the man, and I have, upon the authority of the townsfolk. My chums were simply appalled at the test to which I had been subjected.

In the absence of the professor of practice, Charles L. Ives, than whom a more rational and creditable expounder of allopathy cannot be imagined, the examination under that head was conducted by the President of the State Society, Dr. Russell. He was worthy of his office, and the only member of the board qualified for the position. He requested me to describe typhoid fever. I at once determined to occupy the entire time, if possible, with that subject, at the same time speaking so fast as to head off any attempt to change the topic. Occasionally, however, in my haste I would overlook a point to which my attention would be directed by a brief question. This only gave me a fresh start and new energy, and I was about congratulating myself on the success of my plan, when the Doctor stopped me and said I might tell him something about cholera infantum. The order almost took my breath away. The only time I had studied aught of that disorder was when I was going through Raue the summer before with Richard Koch, at the rate of twenty pages per day, and I well knew that sort of talk would not pass muster there. However, I bethought myself of that grand old maxim of the *Regulars*, "Act on general principles," and promptly exemplified it. Fortunately, before I reached treatment time was called, and I subsided in security.

Small space was left for breathing, however, I was soon told to move on. Entering the general lecture room, behold! there sat my acquaintance of the lintel, and just beyond the distinguished professor from Wayback! Was the former redheaded? The latter was all-fired red (no slang intended, simply a literal description). Was he green? Threescore years and ten would have been far too short a time in which to remove this fellow's rusticity, yet I will give him credit for one thing; he had sense enough to keep his clamshells shut, at least officially. Leonard J. Sanford, esteemed not less for his moral worth than for his kind manner and accurate knowledge, proposed a few questions concerning the arteries of the right neck and shoulder, and three or four concerning the cranial nerves; he then excused himself for a short time to visit a very sick patient, telling his associates to ask me anything they saw fit. (Had the Professor told me to describe the cranial nerves, I would have rattled them off as rapidly and as accurately as the urinary chart; as it was, I was obliged to stop and figure out my answers.) Next, the Dean questioned me about three or four drugs, their properties, uses and doses, and then retired to see if everything was moving properly in the building, He gave the doctors the same directions his associate had; they replied that they were already perfectly satisfied. "Ask him about any matter, then," were Lindsley's parting words. After the door was shut my old acquaintance remarked, very modestly and hesitatingly, "Suppose you tell us a little something about typhoid fever; needn't say much, but

give us a little idea of it." Said I to myself, "Young man, I will," and I set my tongue to wiggling at the most rapid possible rate and kept it moving for more than ten minutes. When I had talked out, they simply remarked, "That'll do; perfectly satisfied; perfectly satisfied." In order to break a painful silence, after a brief pause I resumed my yarns about Philadelphia. Lindsley stuck his head in the door once to see how we were getting along, but he could not prevail upon them to resume their questioning; therein they showed sense.

The third chamber sat upstairs in the microscopic recitation room. There must have been two doctors present, for five superfluous names appear on my sheepskin, but they were remarkably commonplace, for I remember absolutely nothing concerning them. Moses C. White, the most patient and persistent plodder I ever met, catechized me in Rindfleisch's "Pathology" to our mutual satisfaction. It is sufficiently tedious to watch boiling retorts and the silver bead in a cupel, but how any mortal can poke around whittling shavings, whether flesh or other substance, a thousandth of an inch in thickness or thereabouts, I never could comprehend. I always fancied the good old man secured the peculiar adaptation manifested for his position in his long struggle years before with the monosyllabic, if not hieroglyphic jargon of the heathen Chinee when a missionary to the Flowery Kingdom. Stephen G. Hubbard interviewed me on the subject of obstetrics, but did not bother me overmuch. Then he and White fell to discussing the probabilities of my having been examined in practice. I hoped they would decide I had not, for I felt just like giving another lecture on typhoid fever, while if they asked me a conundrum that was too hard for me I would state the facts. Unfortunately, Hubbard decided to ask me, before proceeding farther, and when I informed him I had been examined only twice, he replied, "That's a lucky thing for you." I never quite appreciated the force of that remark. Our relations had been perfectly harmonious, although some of the boys considered him rather crotchety; that was probably due to the alleged circumstance that he married late in life.

Thus it was I secured a diploma of which I am sufficiently proud. Beside the signatures of the gentlemen already referred to, it bears the autographs of Franklin Bowditch Dexter, Secretary, and Theodore Dwight Woolsey, President, of Yale College, the latter gentleman having bestowed it only a few minutes before he laid aside forever the duties of that high office. And yet, so far as the Connecticut Medical Society is concerned, the ceremony through which I passed was a most stupendous farce. Five men appeared in its behalf to see that the College Faculty did not authorize an incompetent or an unworthy person to practice the healing art, but *four* out of the five were *incapable*, apparently, of forming correct judgment in the premises! And this, too, in a state ever distinguished for the culture of its residents, the seat of Yale, and of Trinity, and of Wesleyan University. I have been assured by a number of the professors that in doubtful cases the doctors invariably sided with the student, and rebuked them for being so hard on the poor fellow; also that the said doctors frequently urged the graduation of those upon whose diplomas the professors would have been absolutely ashamed to have seen their signatures. Is it strange, then, that after indulging in this nonsense seventy years the State Society in 1884 gracefully relinquished to the faculty the entire management of the institution? The only wonder is that it should have persisted so long in such folly! Yet the establishment of similar boards throughout the length and breadth of this land to examine every practitioner of the healing art is the *best means* the American Medical Association can devise in this year of our independence the hundred and fifteenth *to protect the lives* and the health *of the dear people!!!* But if such a board was possible in scholarly and refined New England when the *Regular* school was bending every energy to prove in honorable competition that *it alone graduated trustworthy physicians*, what *will* be their character and their influence when it has exterminated all who fail to pronounce its Shibboleth, when every champion of free thought and of free speech has been buried or gagged? Unnumbered *Regular* licentiates who cannot correctly write ten lines of English are a sufficient answer. The faculty, then, of a legally chartered medical college is the only tribunal competent to pronounce upon a person's qualifications to practice, for it alone can certainly know his aptitudes, his deficiencies and his attainments. Whether a state shall decide that the privilege to dose and physic should be limited to the duly prepared, or extended freely to all, is a matter of comparative indifference, provided it furnishes a Registration Board that will render impossible practicing under false pretences. Here, as elsewhere, on this terrestrial sphere *the fittest will survive*. That school, as well as that sect, which directly or indirectly seeks maintenance through governmental aid confesses thereby its inherent weakness and foretells its own ultimate extinction.

Faithfully yours, GEO. B. PECK.

P. S.—Lest any blunderhead should impute to me opinions diametrically opposed to those which I fondly hoped I had clearly set forth in every line of this epistle, I wish emphatically to state, being in the enjoyment of a tolerable acquaintance with allopathic literature and with allopathic physicians, that nowhere else, in my opinion, could I have found allopathy presented in so advanced, liberal and scientific a garb; that for my instructors I have entertained always high regard personally as well as officially, and that the school to-day, according to my best knowledge, maintains a correspondingly high position despite marked progress all along the line. G. B. P.

Chicago Pasteur Institute.

REPORT FOR THE MONTHS OF JULY AND AUGUST.

Since the inauguration of the Institute, July 2d, there have been treated to date twenty-four persons. Thirteen have been admitted in July and eleven in August. Sixteen were males and eight females. The youngest patient was four years old and the oldest fifty-five years.

One patient was bitten by a skunk, two patients by a cat, and twenty-one by dogs.

Eight patients were bitten on the hands, two on the face, and fourteen on the body and limbs.

Twelve patients were bitten by animals recognized to have been mad by the symptoms shown during life, and twelve patients by animals suspected of having been mad.

Eight patients had their wounds cauterized with lunar caustic, three with carbolic acid, one with potassic hydrate, one with ammonia, and eleven were not cauterized.

To nine patients was given the simple treatment of ten days' duration, with one inoculation daily.

To fifteen patients the modified intensive treatment of fifteen days' duration, with two inoculations daily. Rest on the sixth and twelfth days.

Once the brain of a suspected animal was brought to the Institute, and two rabbits were inoculated with it, but the result being negative, the patient was not treated.

Over sixty persons were declined treatment, as no reasonable evidence was produced to show that the animals were mad, or even suspected to be so.

Every patient tolerated the inoculations perfectly well. Not a single accident has occurred in any patient during treatment, and all left the Institute in perfect good health.

Chicago, Sept. 10, 1890.

BOOK REVIEWS.

A Clinical Study of Diseases of the Kidneys; Including Systematic Examination of Urine for Clinical Purposes; Systematic Microscopical Examination of Urinary Sediments; Systematic Application of Urinary Analysis to Diagnosis and Prognosis; Treatment. By Clifford Mitchell, A.M., M.D. Chicago: W. T. Keener. 1890. (Price $3.00.)

Starting with the suggestion of Harley that the condition of the urine is a key to the state of the body, Dr. Clifford Mitchell has shown in a volume of some four hundred pages the practical bearing of urinary analysis on the diagnosis, prognosis, and treatment, not only of diseases of the kidneys but of many other disorders as well. The plan of the work is original and the execution of it systematic, progressive, and methodical. The reader is carried step by step through an examination of urine, the significance of results explained, and what to do under the varying circumstances clearly and carefully set forth. In no work which has heretofore appeared is the immense practical value of urinary analysis in the treatment of disease so clearly demonstrated. Dr. Mitchell states that by careful observation of certain rules, hygienic, dietetic, and medical, the Bright's disease patient of modern times has fair prospect of life for many years. A full index, original illustrations, and original tables of differential diagnosis are commendable features of the book. In the appendix are tables which show at a glance what per cent. of normal averages a given quantity of urine, urea, or phosphoric acid is. These tables are well constructed by the author and are to be found in no other work.

The book is practical, original, and it contains a large amount of matter of great value to the physician.

Philosophy in Homœopathy. Addressed to the Medical Profession and to the General Reader. By Charles S. Mack, M.D., Professor of Materia Medica and Therapeutics in the Homœopathic Medical College of the University of Michigan. Chicago: Gross & Delbridge. 1890.

A neat little volume of one hundred and seventy-five pages; printed in large, clear type; bound in an attractive style, and filled with some of the choicest thoughts that have been offered for the consideration of the profession in a long time.

It is no collection of statistics, detail of wonderful cures, or threadbare illustrations, but the essays are original and argumentative. Dr. Mack is nothing if not logical. "Let us con-

sider the reason of the case. For nothing is law that is not reason," says our author, quoting Sir John Rowell. Like a red thread, this runs through all of Dr. Mack's work.

The "Address to the Students of a Non-Homœopathic College" deserves special mention. A number of students in the old-school department of Michigan University requested Dr. Mack to speak to them on the subject of Homœopathy. Written questions were handed in to be answered by Dr. Mack. The spirit of the reply is modest, tolerant and kind, yet most decided, and not to be misunderstood. The questions are those that have hovered in the mind of many an allopath. They were never more satisfactorily answered than in this instance. The allopath who cannot get a clear understanding from this address of the true status of homœopathy must be given up as hopelessly lost to light and reason.

Regarding the maintenance of the distinctive name, "homœopathist," Dr. Mack takes ground which is unassailable. In his definition of a "cure," he is exact, and furnishes a point of departure, without which there can be no discussion, because without it there can be no common ground.

This logical little work should be read by every student and practitioner of medicine, irrespective of school or schism.

TUBERCULOSIS, OR PULMONARY CONSUMPTION; its Prophylaxis and Cure by Suralimentation of Liquid Food. By W. H. Burt, M.D. Chicago: W. T. Keener. 1890.

Dr. Burt's first error is in his title. He makes "tuberculosis" and "pulmonary consumption" synonymous.

His next error is in calling Koch's demonstration a "theory." Evidently he is not aware that nothing is to-day accepted in science that is not based on inductive methods. The green-baize philosopher is out of date. It requires a great deal of assurance for Dr. Burt to say that "no more silly and unscientific craze ever found a foot-hold in scientific pathological medicine." It is not one-tenth so "silly" as it is for Dr. Burt to indulge in the prediction that "in ten years the great majority of physicians that accept it now will have discarded it as a delusion."

Predictions are cheap! We have often noted that when a man is bereft of all good argument, he winds up with a prediction. Such talk is mere buncombe, and has no place in a book that pretends to be so awfully "scientific." Predictions belong to the weather-bureau.

It is about time that men who never did a day's work in a biological laboratory, who never saw the life-history of a microbe demonstrated by actual experiment, should cease posing as leaders of opinion on the subject. *The bacillus tuberculosis bears a directly causative relation to the tubercular process.* This fact has been demonstrated, over and over again, in biological laboratories right here in Chicago, as well as in many other parts of the United States, to say nothing of the rest of the world. And yet, in the face of this, Dr. Burt sets himself up as an authority on the subject, and pronounces it a "silly craze," while he boldly proclaims his own conviction that "its neural origin is as plain as any fact in pathology." Its real cause, he says, is a "*pareses.*" What a "pareses" is no man knows. Does he mean a condition of paresis? Then, why not say so?

Dr. Burt's conclusions are drawn from his own inner consciousness; Koch's doctrines are based upon actual experiments, repeated in biological laboratories in all parts of the world. Take your choice!

Dr. Burt bases his doctrine, in large part, on the claim that, since "over three-quarters of the human body being water, it follows, therefore, that over three-quarters of our food should be water."

This is nothing new. There is not a person in Chicago, at breakfast, luncheon or dinner, who does not take three-quarters as much liquid as solid at a meal. People don't live on dry crackers. There is a very large proportion of water in the meat and vegetables composing a large part of the diet of all, and this is supplemented by large quantities of water in the various beverages to be found on all tables. The notion that fluids should not be taken at meals was long ago exploded. To-day all people drink freely at meals. And it is the right thing to do.

As soon as Dr. Burt discovered that consumptives seemed to make great improvement on his method of suralimentation of liquids, he made the mistake of supposing that he must immediately hatch up a special theory to fit the case, and that he must knock over all doctrines not in consonance with his. But this is not necessary.

We hope that the profession generally will give Dr. Burt's method of treating consumption by the suralimentation of nutritious liquids a trial, and report results. Only in this way can its true value be determined.

"I can go a day on a sardine can,
And two on a scrap of leather;
I have lived a week on a Chinese fan,
And it's even plain
That I some times gain
On only a change of weather."

—*Goat.*

A Slight Discrepancy.

The *Medical Advance* indicates a new desideratum of the orthodox Hahnemanniac:

A patient suffering from an annoying cough, occurring regularly at ten minutes before eleven o'clock every night, directed the doctor's attention to Rumex, which has an eleven o'clock aggravation. However, he hesitated to prescribe the remedy, on account of that troublesome ten minutes discrepancy in time, until the brilliant idea flashed athwart his think tank, that while the proving of Rumex had been made under the old solar time, his patient's cough was governed by the new standard time, by which their city was then regulated. So that in spite of that almost fatal ten minutes, Rumex was certainly the drug to be administered.

The *California Homœopath* says, with creditable scorn anent such crass imbecility of reasoning:

"If the good doctor's reasoning is based on fact, a herculean task lies before every future author of a Homœopathic Materia Medica; not only must the symptomatology of every drug be perfect, but an ingenious and elaborate time table must be appended to each proving, giving the absolute relations between mean and standard time, and an accurate explanation furnished with every symptom, stating by which time it was obtained, and giving full directions for the necessary computations. A busy field will be opened up for the service of skilled astronomers, and perhaps a judicious and careful blending of star-gazing with medical lore may bring to the front again the much despised and sadly neglected astrologers."

The aforesaid materia medica, however, contains "provings" which outshine in their brilliant stupidity even this marvelous contribution to the therapeutic effects of standard time.—*Medical Standard.*

Lincoln Park Sanitarium.

The evening of Friday, Sept. 5, Dr. E. H. Pratt held a reception for resident and visiting physicians at the Lincoln Park Sanitarium. The Sanitarium has the choicest location of any institution of the kind in the country. It is a magnificent structure, handsomely finished, and furnished regardless of expense, within the limits of good taste. No more elegant home for the sick can be found in this country.

Friday evening the house was brilliantly lighted from top to bottom, and filled with a large company, consisting of all the members of the Association in session in the city, as well as the profession in Chicago. Two hundred and fifty guests were present. The occasion will long be remembered by all those who were so fortunate as to be entertained by the genial host of the occasion.

Mendicant:—Can't you give me a penny for my poor family, sir?"

Merchant:—No; I don't want to buy your poor family."

American Association of Orificial Surgeons.

The third annual meeting of the American Association of Orificial Surgeons was held at Emerson Hall, Chicago, Sept. 4th and 5th, with about one hundred members in attendance.

In the absence of the president, Dr. W. E. Green, of Little Rock, Ark., Dr. G. E. Cogswell, of Mt. Carroll, Ill., was made president pro tem., and afterwards elected the permanent presiding officer. Dr. C. C. Edson, of Dixon, Ill., was continued in office as Secretary.

The first business was the adoption of a constitution and by-laws.

The afternoon session of Friday was devoted to the reading of papers, and discussions upon them. There were many interesting papers, a list of which we give:

The Future of the American Association of Orificial Surgeons, E. H. Pratt, M.D., Chicago, Ill.; Ten Consecutive Excisions and Results, W. E. Green, M.D., Little Rock, Ark.; One Hundred Cases of Orificial Surgery, P. S. Replogle, M.D., Champaign, Ill.; A Consideration of the Causes of Failure in Orificial Surgery, M. J. Bliem, M.D., San Antonio, Tex.; The Colon Douche in Orificial Surgery, A. L. Monroe, M.D., Louisville, Ky.; My Success in Orificial Surgery, J. H. Drake, M.D., Mt. Pleasant, Iowa; Clinical Experience in Orificial Surgery, C. A. Pauly, M.D., Cincinnati, O.; Some Cases in Orificial Surgery, N. M. Collins, M.D., Rochester, N. Y.; Experiences in Orificial Work, C. H. Goodman, M.D., St. Louis, Mo.; Orificial Surgery in the Treatment of Suppressed Diseases, Wells Le Fevre, M.D., Hot Springs, Ark.; Case in Practice, M. M. Dodge, M.D., Tacoma, Wash.; Constriction of the Internal Os, the Cause of Reflex Conditions, G. E. Cogswell, M.D., Mt. Carroll, Ill.; The Radical Treatment of Catarrh, C. C. Edson, M.D., Dixon, Ill.; Accidents and Failures in Orificial Surgery, W. E. Green, M.D., Little Rock, Ark.; An Orificial Idea, A. L. Monroe, M.D., Louisville, Ky.; Orificial Surgery a Failure, H. E. Beebe, M.D., Sidney, Ohio; Orificial Cripples, E. B. Johns, M.D., Danville, Ill.

Much good work was done at this meeting. The Society is in a flourishing condition, and, with one exception, well officered.

Homœopathic Medical Society of the State of New York.

This Society meets in its thirty-ninth semi-annual session, in Brooklyn, Sept. 30, and Oct. 1st, 1890, under the presidency of Dr. Geo. M. Dillow, of New York.

THE MEDICAL ERA
COMBINED WITH
THE MEDICAL COUNSELOR.

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Requests for copies "not received" must be made within 30 days of date of publication.

THE MEDICAL ERA receives *no subscriptions* through pharmacies, "agencies," or other journals. *No exception to this rule will be made.*

PERSONALS.

DR. HENRY SHERRY is out with cards announcing the removal of his office to 125 Wabash avenue.

DR. E. ELMER KEELER, of Syracuse, N. Y., is open for congratulations on the advent of a small girl baby into the precincts of his household.

DR. H. H. CRIPPEN has removed from San Diego, Cal., to New York City, and becomes a member of the staff of the New York Ophthalmic Hospital.

DR. A. STANLEY DOLAN, for the past five years assistant physician at the Michigan Asylum for Insane Criminals, Ionia, Michigan, resigned August last to accept the appointment as first assistant physician at the Third Minnesota Hospital for the Insane, Fergus Falls, Minnesota, and Dr. P. A. Perrenaud, a graduate of the Homœopathic Medical Department, University of Michigan, has been appointed assistant physician to fill the vacancy on the medical staff in the Michigan asylum.

KANSAS CITY HOMŒOPATHIC HOSPITAL.—This institution has made its first annual report, showing a very flourishing condition, and much good work done. The officers are: President, H. C. Baker, M.D.; Vice President, C. C. Olmsted, M.D.; Secretary, Moses T. Runnels, M. D.; Treasurer, Henry A. Barber, M.D.

THE Homœopathic physicians of Columbus, O., and neighboring towns have formed "The Columbus Clinical Club." Any reputable physician who expresses his belief in the law of homœopathy is eligible for membership. The club is social in nature. The president holds for one meeting only, and appoints his successor for the next.

Through Vestibuled and Colonist Sleepers Between Chicago and Tacoma, Wash., and Portland, Ore.

The Wisconsin Central and Northern Pacific lines run through Pullman Vestibuled and Colonist Sleepers between Chicago and Tacoma, Wash., and Portland, Oregon. The train known as the "Pacific Express" leaves the Grand Central Passenger Station, at the corner of Fifth Avenue and Harrison Street, at 10:45 p. m. daily. For tickets, berths in Pullman or Colonist Sleepers, etc., apply to Geo. K. Thompson, City Passenger and Ticket Agent, 205 Clark Street, or to F. J. Eddy, Depot Ticket Agent, Grand Central Passenger Station, corner Fifth Avenue and Harrison Street, Chicago, Ill.

The Chicago, Milwaukee & St. Paul Railway.

A CHOICE LIST OF SUMMER RESORTS.

In the lake regions of Wisconsin, Minnesota, Iowa and the two Dakotas, there are hundreds of charming localities pre-eminently fitted for summer homes. Among the following selected list are names familiar to many of our readers as the perfection of northern summer resorts. Nearly all of the Wisconsin points of interest are within a short distance from Chicago or Milwaukee, and none of them are so far away from the "busy marts of civilization" that they cannot be reached in a few hours of travel, by frequent trains, over the finest road in the northwest—the Chicago, Milwaukee & St. Paul Railway:

Waukesha, Wis., where the American Institute of Homœopathy will meet June 16; Oconomowoc, Wis.; Minocqua, Wis.; Palmyra, Wis.; Tomahawk Lakes, Wis.; Lakeside, Wis.; Kilbourn City, Wis. (Dells of the Wisconsin); Beaver Dam, Wis.; Madison, Wis.; Clear Lake, Iowa; Lake Okoboji, Iowa; Spirit Lake, Iowa; Frontenac, Minn.; Lake Minnetonka, Minn.; Ortonville, Minn.; Prior Lake, Minn.; White Bear Lake, Minn., Big Stone Lake, Dakota.

For detailed information, please address A. V. H. CARPENTER, General Passenger Agent, Milwaukee, Wis.

PRIVATE HOSPITAL FOR THE TREATMENT OF THE DISEASES OF WOMEN.—More than a year ago Dr. J. W. Streeter, of 2001 Prairie Ave., established a private hospital for the reception of patients desiring treatment in the line of his specialty. The hospital, which is fitted with every convenience, and with every essential of modern surgery, has a pleasant location on Twenty-fifth Street, and is presided over by a competent matron, assisted by an efficient corps of nurses.

THE State Board of Health of Califorina has been greatly exercised over the danger to which it believed the State is exposed through the immigration of a large number of persons suffering from tuberculosis. It even suggested, in a recent bulletin, the advisability of establishing a strict quarantine against consumptives until measures of isolation and disinfection could be undertaken. The daily press of San Francisco has not been slow to take up the question, and the result has been a scare and a sensation of great magnitude.

THEY SAY

That man is the only self-conscious being.

That Chicago has a site for the World's Fair.

That vices are often transmitted from sire to son.

That a vessel may lose its grip, but still retain its hold.

That a broiled quail on toast is worth a dozen in the bush.

That many a drunkard is such from the hour of his birth.

That the man with a shady character is cooler than other folks.

That a mosquito can convey contagious diseases with its little bill.

That the water-lily is largely used for food in some parts of India.

That ten cents' worth of foam is raised on one cent's worth of beer.

That Mr. Ingersoll is now turning his attention to the vivisectionists.

That some people believe that Chinamen have the dyspepsia. Rats!

That people seem to be afraid to use good advice, for fear of spoiling it.

That the first question a lawyer asks about a case is whether it is fees-ible.

That the average income of the practicing physician in this country is $1,000.

That you can't always tell about the quality of the milk by the color of the cow.

That a "green old age" is the attribute of the venerable victim of the bunco-man.

That earth has no joy like the discovery of a quarter in the pocket of an old vest.

That it is now claimed that the car porter will not strike — for more than half a dollar.

That there are three classes of poor, God's poor, the devil's poor, and poor devils.

That nothing is easier than to draw up regulations and frame laws for your neighbors.

That a man should always be satisfied with his lot, especially if it has a nice house on it.

That Aristippus ascribed the currents of the atmosphere to the breathing of mother earth.

That Bismarck speaks English with hardly any accent, and German with hardly any nonsense.

That poets are born, not made, but in nine cases out of ten it would be better if they had never been born

That sitting is an acquired habit, and it is remarkable how confirmed the habit becomes in some people.

That castor-oil applied to warts once a day for two or three weeks will cause their disappearance every time.

That it may be true that some children cry for Pitcher's Castoria, but there are others who cry for pure cussedness.

That there were seventeen fatal cases of poisoning from antypyrin during the prevalence of the influenza in Vienna.

That a great curiosity is now being exhibited at the dime museum; it is a woman who acknowledges that she wears tight corsets.

That a law of the State of New York requires midwives to report to a physician or health officer all cases of ophthalmia observed by them in infants.

That science, mixed with common sense, and spiced with knowledge and ability, has saved thousands of lives which would have perished with the masterly inactivity of old.

That someone has determined that it takes the brain one .067 of a second to elaborate a single idea. This shows what a waste of time it was for Swan to elaborate his idea about nosodes.

That the moment there is an arrest of the progress of the child through the parturient canal, from any cause, in the second stage of labor, it is safe and ordinarily proper to use the forceps.

That a man in Ohio has made a calculation that a woman whose hair reaches to the floor, having 3,748 hairs to the square inch of scalp surface, and there being 172 square inches of this surface, giving a total of 644,656 hairs, which, being placed end to end, —— and then he went crazy.

That a Chicago man who was going to his home in the suburbs late at night saw a dog running toward him through the darkness at full speed. Surmising that the dog was mad, the man climbed up a tree and remained there the rest of the night, with the dog standing guard below. When daylight came the man discovered that it was his own dog.

That the American woman lies upon her back when delivered; the English woman upon her side; the Kaffirs and Otchipwes squat; the Mexican and Spanish women kneel; the French woman prefers a half-sitting position, with the thighs flexed upon the body; women of Egypt stand; the Creek squaw lies on her stomach; the Blackfoot hangs to a pole, and the Apache to a rope.

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EDITORS:
CH. GATCHELL, M.D.,
D. A. McLACHLAN, M.D.

METHODS OF "MIND READERS."

"Mind-reading" is a lost art.

FOR several years BISHOP pursued his calling, both in this country and in Europe. Finally the man died. Foolish doctors dissected his warm brain, and found it like other brains.

Never since the days of WASHINGTON IRVING BISHOP has telepathy had a more zealous exponent than the one who recently appeared in Chicago. This young man, with blinders over his eyes and a black hood of two layers of cloth over his head, drove at a furious rate through crowded streets over a specific route of which he was supposed to be ignorant; he opened a book to a page previously chosen by others, and wrote a *fac simile* of a signature that he was supposed never to have seen.

This was heralded to the country as one of the most marvelous feats ever performed since the days of Biblical miracles.

And yet, this trick that has deceived thousands, was as simple as a set of puzzle-rings. The man could see all the time!

The "blindfolding" was easily made inoperative under cover of the hood; the double hood was so contrived that vision was possible through the meshes of the outer layer. Knowledge of the street route, the page and the name in the book, had previously been obtained by making the committee go through a dumb show, which revealed these things to the watchful eyes of the "mind-reader."

This is all there was to it!

WASHINGTON IRVING BISHOP was a clever trickster, even as PAUL ALEXANDER JOHNSTONE, his latest imitator, is.

Still, regardless of the recent exposure of the methods of "mind-readers," and with no desire to lay claim to superior intelligence, we are led to express surprise that any one should ever have been deceived by their shabby tricks. All reason is opposed to any view that would favor their being manifestations of a supernatural power. In support of this we would specify:

It is preposterous to believe that this claimed "sixth sense" would have been bestowed upon but two people out of sixty-four millions—yes, out of more than a thousand millions.

It should shock one's sense of human pride, and lead to disbelief, to find that the only two persons in the world who claimed to possess this alleged marvelous power—a power allied to Omniscience—devoted it to nothing but the methods of the conjuror and the mountebank.

The several parts of their performances have never borne a consistent relation, one to another.

Finally, neither one of these two performers ever consented to the application of test conditions.

In the face of this, how people could ever have "taken stock" in these pretenders, to us has always been a greater mystery than the finding of a pin.

It is a burlesque on divine methods to see a person who claimed to be gifted with a power the like of which has not been seen since Christ's time, engaged in making use of it to find hidden pins and to catch a ball.

This affair has furnished a fresh illustration of another fact—the general unreliability of human testimony After a performance no two people described it alike. It was impossible to believe

what one was told by eye-witnesses. It was useless to ask for information from others, expecting it to be reliable. Had people been in a conspiracy to deceive, they could not have made a greater number of misleading statements. Positive assertions were made, by intelligent people, which were at direct variance with the facts.

As an instance: Five hundred people who were eye-witnesses were ready to swear that when the "mind-reader" found a certain written name on an open page which lay before him, his eyes were covered with a pair of gloves, a handkerchief, a black hood, and a heavy coat. And yet, the fact is, at the time, *his eyes were not covered at all.*

It was necessary to rely upon the evidence of one's own senses, for one was sure to be misled if one accepted the evidence of the five senses of other people, or the "sixth sense" of a "mind-reader."

Ordinary human testimony is a worthless article, and the average man is a poor observer.

It may be that there is about us an "atmosphere of mind." We know that a chord of sympathy stretches between those of congenial natures; we know that the good are uncomfortable in the presence of a dishonest man; we know that we can sometimes "feel" the near approach of an unseen person. We know all this.

But, because of this, to be led into the belief that a common juggler who visits town can "read" the exact word that may be in one's mind, is an example of simplicity and childlike credulity very inviting to the attentions of the "bunko-man."

The world, we trust, is now rid of these miserable pretenders, who imposed upon the public for the money there was in it, and whose fraudulent art was calculated to give people false notions regarding the relation of mind to matter, and of mind to mind.

A LESSON FOR TO-DAY.

In these days, when some misguided people still revile, without understanding, homœopathy, it is refreshing to read a letter of Hahnemann's which might have been written but yesterday, so applicable is it to present conditions. The calmness and serenity with which he met the violent attacks made upon his work show a conscious strength, in keeping with his character. It conveys a valuable lesson to his followers of to-day. The letter, under date of September 25, 1825, was written to Dr. Gustav Wilhelm Gross, of Juterbogk, who was one of Hahnemann's earliest disciples. It reads:

My Dear Doctor Gross:—The tissue of theoretical subtleties contained in Heinroth's *Anti-Organon* does little harm; the readers will not understand it and will pass it by. But it cannot be easily refuted, for the person who undertakes this task must first make the nonsense comprehensible to his reader before he can refute it, and that is not worth the trouble.

Wedekind's virulent book contains too much passionate declamation and too many exaggerated statements; the readers see at once that it is written in the most furious rage, and thus it makes no impression, except on persons in the same frame of mind, who are not worth notice.

You are too much afraid of the effects of these libelous publications. The enemy is merely firing off in the air his last ammunition, and the truth remains unharmed, and gains ever more acceptance from people whose minds are unprejudiced. And these are the only persons of any consequence to us. The truth, which is so opposed to the old rubbish, could not be stated without exciting a violent reaction. They are quite cognizant of the existence of the well-laid mine which will shatter their whole old edifice, and they are naturally beside themselves with rage. Their angry snorting and impotent gnashing of teeth can be perceived far and near, but it will not help them. I remain quite well amidst it all.

Yours very truly
Sam. Hahnemann.

Kothen, Sept. 23, 1825.

The calm philosophy here expressed is worthy of all admiration. Hahnemann's confidence in the survival of the truth, unharmed by such exhibitions of intolerance and of anger, time has fully justified.

The ravings of a few remaining Bourbons will be as impotent to-day as were those of their progenitors of more than half a century ago.

INOCULATION FOR PHTHISIS.

The cable brings from Berlin the intelligence of Koch's experiments in inoculation of the *bacillus tuberculosis* for consumption. The dispatch says:

Berlin, Oct. 28.—The *National Zeitung* announces in a most positive manner that Prof. Koch, whose researches as to the existence of bacillus in consumption have already given him a world-wide reputation, is now ready to announce to the world, having concluded certain important experiments, that his method of curing that malady is by painless inoculation. Minister Gosser has given him permission to abandon his winter course of lectures before the university in order that he may devote his entire attention to his discovery.

The prophylaxis of the specific diseases seems to rest in inoculation, as already demonstrated in chicken-cholera, splenic fever, rabies and small-pox. If Koch has added tuberculosis to the list, it marks the greatest advance in preventive medicine the world has ever known.

ORIGINAL ARTICLES.

TUBERCULOSIS.

By W. F. KNOLL, M. D.,
CHICAGO.

[Read before the Illinois Homœopathic Medical Association, Chicago, May 13-15, 1890.]

THE most deadly enemy of the human family is the bacillus tuberculosis. It has been the means of carrying more people to a premature grave than all the wars, famines and pestilences of history.

We have become so much accustomed to its fatal work, that we do not challenge it.

There is not a member of this Association who has not seen friend or relative fall a victim to its ravages.

And yet, the fact which Robert Koch and his co-laborers have revealed regarding its charac ter, method of propagation, and the means of prevention, should in a few years, by the concerted action of physicians and officers of health, rob it of its power. When we were in absolute ignorance concerning its etiology, and no two pathologists agreed, we were at a disadvantage. But the labors of Koch have placed full power in our hands.

Tuberculosis is so called because its typical lesion in the tissue is a little tumor, or tubercle, the size of a millet seed. It is a little, greyish, or yellowish-grey mass, destitute of vessels or nerves, having a fibrous framework, such as we find in living tissue. It is dead material—the remains of the destructive work which something has carried on in the tissues. That little destroying something is the bacillus tuberculosis. The method by which it has built up the little tumor is simple indeed. The bacilli are so small that a score can find a resting place in a single blood corpuscle. When they once get into the body, the most convenient and tender tissue for them to feed upon is the white blood corpuscle, and consequently the most common and constant histological element in the tubercle is the little round cell—the white blood corpuscle, altered by the action of the bacteria. The leucocytes that are in the formative stage of development, when assailed by the bacteria, are changed into cells which in general appearance are similar to epithelial cells, and hence the second most important histological element is an epitheloidal cell.

Then there is a third variety, which is called multinuclear giant cell. These are, perhaps, the embryonic tissue cells, which have been checked in their development by the poisonous influence of the bacteria. They are not very abundant, but because of their peculiar structure they are often regarded as characteristic of this disease. Tillman and Ziegler, however, have shown that this same cell appeared in the process of normal healing. The last two forms of cells are found only in the larger tubercle, and with the exception of a small amount of liquid, these three varieties constitute the whole microscopical structures of the typical tubercle.

Retrograde changes in the tubercle may take place in the form of fatty or cheesy degeneration and final liquefaction; which results in the so-called cold abscesses. In some cases the degeneration is carried on to calcification, leaving behind the true and permanent calcareous concretions.

The bacteria do not remain long in the tubercle. Their motto is to destroy; and when their work is done, they leave the debris behind filled with seeds or spores for another generation, and go on to new fields of conquest. Therefore we need not look for many bacteria in old tubercles, but they are found in large quantities in recent ones, and in those that are just forming.

Tubercles are rarely ever single; many are generally grasped together. A single point or organ is first invaded, and by contiguity of tissue a large area is destroyed, and perhaps only after months or years the whole body involved. Sometimes, it is true, when the bacteria get into the systemic circulation, several organs or parts of the body are affected simultaneously, and then the patient falls a certain and early prey to the disease.

Generally the inherent vitality of the patient and his hygienic surroundings determine the progress tuberculosis can make in the system. In the robust, the disease, after reaching a certain stage, is then permanently checked. The tissues adjoining the tubercles, are excited by the presence of the foreign material to a reactive inflammation, and a perfect capsule, formed out of new tissues, is built around them, leaving the tubercle completely shut out from the rest of the body.

There are some families and types of individuals, who, by inheritance or unsanitary surroundings, are prone to this dreadful malady. It has been among them for generations, and few have died from any other cause. They are the so-called scrofulous. Individuals with no actual disease in the sense of pathological lesion or physiological defects, yet they lack every essential of an enduring vitality and a reacting constitution. They can never do a day's hard work, expose themselves to severe atmospheric conditions or changes, without paying a physical penalty altogether out of proportion to the crime committed against the laws of health. They become an easy prey to the bacillus tuberculosis, and when once this parasite gets a hold upon them it does not leave them again until some organ, and perhaps life itself, is destroyed. It is just this fact that makes tuberculosis differ essentially from most of the bacterial diseases Syphilis, typhoid fever, small pox, etc., do no

hunt out alone the poorly developed and those with a lowered vitality as their victims. While such do suffer and furnish a large per cent. of mortality from these diseases, yet all conditions and organizations pay a certain tribute. But in tuberculosis it is almost exclusively this class that are the afflicted ones, and make up the death record.

It was a matter of special record with Koch and Erlach to determine the methods by which the bacillus gets into the body. They found that an abrasion of the skin or mucous membrane was always necessary, and as these lesions are most common among the scrofulous, all that was necessary was to place them in an atmosphere which contained the spores of the disease. The spores are so small and light that they may pass through the smallest openings, and remain suspended in the atmosphere for an indefinite period of time. Owing to these facts, and that the tubercles so frequently appear at the site of a lesion, the theory of inheritance is fast giving away to that of inoculation.

Tuberculosis, as a specific disease, is now known to be inherited in only a certain per cent of the cases, but that which is inherited is the constitutional susceptibility. Those persons who have thin skins and mucous membranes, through which the blood breaks at every unusual exertion, and those whose lowered vitality makes the repair of broken surfaces tedious, and often impossible, can trace these qualities to inheritance, and hence the likelihood to become inoculated. Pathology, in its more advanced standing, is proving that disease as an actual, tangible something, is not so frequently transmitted by the parent to the offspring. There are mental tendencies and physical dyscrasias which are transmitted, which can be traced in almost every family for many generations, and which as a consequence makes that family more liable to a certain form of disease than to any other. But it does not fix the etiology or the pathology, and without these elements we cannot speak of transmitting disease.

There is another element in tuberculosis, which, for the surgeon, has a special interest and value, viz., that the disease in its early stages is almost always a local one. The first manifestations are at the point of inoculation, as has been repeatedly demonstrated by experience upon dogs, sheep, goats, monkeys, etc. If the bacteria are thrown into the circulation, they find lodgment in one or more *terminal* arteries, and the primary manifestations are at these points.

Those parts which are frequently affected and which demand the attention of the surgeon, are the skin, subcutaneous cellular tissue, mucous membrane, tendons, cartilage, serous surfaces, *periosteum*, bone, joint tissue, lymphatic glands, ovaries; testicles, kidney, bladder, and uterus On the skin it is known as *lupus;* subcutaneous cellular tissue, as "*lupus non exedens;*" in the cellular tissue, "*chronic tubercular cellulitis,*" resulting in the cold abscess. In tendons, especially where it affects the coverings, as "*tubercular thecitis;*" in bone as "*caries spina ventosa; chronic osteomyelitis*; *osteitis tuberculosa;*" in joints, as "*tumor alba*; *fungus of the joints; chronic suppurative arthritis;*" in the periosteum, as "*chronic periostitis,*" resulting in necrosis of the underlying bone; in the lymphatics as "*chronic adenitis,*" or "*scrofulous glands.*"

It was believed before Koch's discovery that tuberculosis and its treatment belonged almost exclusively to the domain of the physician, but since then it is a question whether the greater part does not belong to the surgeon. Certain it is that so long as it is a local trouble, the surgeon's chances for doing lasting good are greater than those of the physician.

It is upon the diagnosis of tuberculosis that much depends, and it is of this I wish especially to speak. There are three morbid processes, which, in the earlier stages, are very similar, viz., malignant tumors, local syphilitic inflammation, and tuberculosis. I have seen the ablest surgeons of the world hesitate in their diagnosis until a section was removed and placed under the microscope.

In most cases where a suspicion of syphilis exists, a careful inquiry into the history will reveal the facts. If we fail in this, there are generally mucous lesions, enlargements of particular glands, or skin discoloration, which give great aid. If still we are in doubt, then the anti-syphilitic treatment, vigorously followed for from two to four weeks, will give exact information.

Acute tuberculosis of a joint may be so rapid in its destruction as to produce complete *luxation* in two months' time, and yet, with the exception of acute infectious suppuration, which is different altogether in its origin and character, sarcoma is usually regarded as the only disease likely to give this lesion in so short a period of time. Again, the disease may remain stationary for months, and the only evidence of its presence is pain, induration and tenderness, resembling in every particular the stationary or slow growing schirrus. Between these two extremes there is every possible variation,

When there is fever, hectic, or implication of several organs, the diagnosis is both simple and certain. I do not regard it as necessary to arrive at a proper diagnosis when only the latter two diseases are under consideration, because the surgical treatment of either is the same.

In the treatment of tuberculosis I wish first to speak of the preventive measure, which

should be observed by every physician, and especially those who have charge of hospitals, asylums, prisons, and crowded houses where there are, or have been, infected inmates. It is well known, and frequently demonstrated, that healthy individuals confined to apartments previously occupied by tubercular subjects, soon show manifest signs of the disease, and succumb to it in the usual length of time. Surgeons who dress tuberculous wounds, and with the same instruments uncleaned, manipulate ordinary wounds, are almost certain to effect an inoculation at that point. Koenig first called the attention of the profession to this fact, and since then hundreds of cases have been observed in which his statement has been verified. There should be every effort made to isolate these patients, and when this cannot be done the expectoration from the lungs, the evacuation from the bowels, the discharge from any ulcerating surface, should be received in vessels containing some reliable antiseptic solution. No instrument which has been used in operating upon a tubercular patient, or in manipulating his wounds, should be used again until it has been thoroughly cleaned, either by a solution or boiling water. When the patient is removed from his room, either by death or otherwise, it should not be occupied again until it is renovated, cleaned and freed from every vestige of tubercular material.

In some of the old cities of Europe the disease is so prevalent that it becomes an actual plague. This is particularly true of Vienna, and hence the opprobrium "Vienna plague." The peasantry and inhabitants of the remainder of the Austrian empire are no more prone to the disease than other nationalities, but in Vienna most of the houses are old, and have been occupied by from ten to twenty-five consecutive generations of people. There is scarcely a building in the ancient part of the city which has not been successively occupied by several tubercular families, and hence the disease in many of them has never died out. Time in our larger cities will expose us to the same dangers, unless we employ proper preventive measures.

The surgical treatment of this affection consists in completely removing every particle of the diseased tissue, or if a member must be sacrified in part or whole, it is better to do that than to endanger the entire body. It is one of the surprising things in the treatment of these cases that the size of the operation bears no definite relation to the final issue of the case, provided proper surgical bounds and thorough antisepsis have been observed, and all the diseased tissue carefully removed.

There were two classes of abscesses in which the old surgeons regard opertive treatment as contra-indicated, viz:—Cold abscesses and pyæmic metastatic abscesses. With their limited knowlege of pathology, to open them was the wrong thing to do, as they had learned from sad experience. They knew the facts, but did not understand the principles upon which their facts rested.

When tubercular material has reached that point in degeneration where it is a liquid mass, there has been time and occasion for further inoculation, and hence the danger of subsequent abscesses. As the old surgeons did not understand antisepsis, they almost invariably had a mixed inoculation. Besides tuberculosis they also had general suppuration, which, in not a few of the weakened subjects, went on to general pyæmia.

If a patient comes to us in the earlier stages, when the disease is still a local one, it is our foremost duty to make an effort to remove every vestige of the disease, and also to sacrifice some of the surrounding healthy tissue. Perfect antisepsis should be observed for two very evident reasons: First, to avoid pyæmia, and second, to preserve as far as possible the strength of the patient.

Of the methods employed for the accomplishment of this end, there are several which deserve special mention. The knife stands foremost, with the assistance of the Volkmann spoon, chisel and cautery. On joint-surfaces, where it has been the custom for many years to make a resection by removing all tissue, healthy or diseased, by making a transverse section with the saw and uniting the ends with wire or nails, the knife and chisel are called into requisition, and only those areas which are diseased together with a little of the surrounding healthy tissue, are exsected. If a half or only a quarter of a joint-surface is preserved, and the bones are properly coapted, there is no loss in the length of the limb, the time required for healing is less, and, in not a few cases, passably good motion may be obtained.

In operating upon the glands the best results are obtained by following the chain of enlarged glands and removing each, until the last proximal gland is free from inflammation as well as from tubercles.

In lesions of the mucous membrane--and to this class belongs a large percentage of round ulcers of the stomach, and ulcers of the skin—I prefer the combined use of the sharp spoon and the actual cautery. The granulation tissue can all be removed with the former instrument, and then the whole surface should be thoroughly cauterized. If it is at a point where the cautery cannot be employed, then it is best to apply Hebra's arsenious-acid paste.

For the testicles, ovaries and kidneys, the proper thing to do is to extirpate, and the earlier the better. I never have seen tuberculosis

of gland-tissue which did not progress until the whole gland was entirely destroyed, Hence, when once they become tuberculous they are doomed, and we confer a favor upon the patient by substituting art for a slow and painful disease.

It is in tuberculosis of the bones that the surgeon's skill is most frequently called into requisition. The most common seat in the large bones is near the epiphysial end; and in the flat bones it is in the spongy portion. The disease is in the terminal division of the nutrient artery, and usually occurs in that period of life when growth is most active, although no age is exempt.

Volkmann holds that bone and joint tuberculosis is the variety which is most frequently inherited, and it is rarely that it is found in a growing individual that there cannot be traced tuberculosis on one side, and often both sides of the family.

In periosteal tuberculosis there is an extensive thickening and infiltration, permeation of the membrane with tubercles, elevating the periosteum from the bone, and thus destroying its nutritive qualities. This, in a short time, results in circumscribed necrosis of the underlying compact tissue. The treatment, when the bone is affected, consists in the removal of the diseased tissue. It is not enough merely to split the periosteum, or to chisel an opening into the medullary canal. In the periosteal variety the incision should be large enough to give perfect access, and then all the membrane and bone which show any trace of the affection should be removed. If it is within the bone, then the bone should be troughed out until the extreme limits of the disease have been reached. The earlier the treatment is begun the better, provided the affected bones are accessible.

To delay operation until a sequestrum is thrown off, or until an abscess is matured, is relegating the power of discretion to an insatiable disease.

When the vertebræ and the deeper bones of the head are involved, we must delay until the liquefied material presents itself at some point which can be reached with the aspirator, when it should be drawn off with all possible antiseptic precaution. If in these cases we get mixed inoculation, death is almost inevitable.

However enthusiastic I may be in the surgical treatment of tuberculosis, I do not forget that the bacteria cannot always be scraped out with a spoon, and that there is a limit to the good which surgery can do. Every good surgeon should enter an earnest protest against the use of his art when at once the disease becomes general, and the exhaustion and prostration are profound. In these cases it simply serves to shorten life, intensifying the suffering of the patient, and make our art obnoxious to his friends.

The surgeon's duty does not end in any case even after the operation has been made. The reduced vitality and shattered constitution which, in the first place, has made the disease possible, should receive prompt and constant medical and hygienic care. Surgery, in many instances, is only accessory to medicine and hygiene, and in tuberculosis this is often true. The mistake in the old school has been that they have depended altogether too much upon surgery, while we have not depended enough upon it.

The golden medium is to use both; each as is indicated, and at no other time.

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HYPERTROPHY OF THE TURBINATED BODIES.

By W. A. DUNN, M. D.

Chicago.

(Read before the Missouri Institute of Homœopathy, May 18, 1880.)

BY hypertrophy of the turbinated bodies we designate an organic increase of the thickness of the tissues covering the turbinated bones, which may be general or circumscribed.

Were it not for the peculiar histological formation of the turbinated bodies, it would be quite impossible for such a condition to occur; but when you remember that lying between the bone and mucous membrane is a layer of erectile tissue, composed largely of sinuses which may be filled with blood in an instant, from the slightest direct or indirect irritation; when you recall that covering this erectile tissue is a mucous membrane filled with glandules and exposed to all the irritating influences of the atmosphere from without and an excessive blood pressure from within, you can appreciate how easily a chronic catarrhal condition of the nasal membrane may be established. Chronic hypertrophic catarrh is essentially the first stage of hypertrophy of the turbinated bodies, as only by the repeated distension of the venous elements of the bodies, and the continuous exudation into their substance from frequent inflammatory congestion, can new tissue formations take place. There is first an inflammation and thickening of the mucous layer by which the surface of the body is increased in density and thickness; especially the epithelial covering.

Now, during a normal condition of the nasal tissues there is a gradual exudation or osmosis through this tissue, which aids the glands of the mucous membrane in furnishing moisture to the nasal surface, to be imparted to the inspired air, therefore any mechanical interference with the normal osmosis through this tissue may change the nutrition and function of the whole or a part

of the intra-nasal surface. It is from this fact, I am quite sure, that we have the greatest amount of hypertrophic change at those points in which is located the most abundant supply of erectile tissue, *i. e.*, the posterior end of the inferior turbinated body. Hence, the most copious exudation into the tissues, which cannot escape to the surface, but is retained in the tissues and becomes metamorphosed into new tissue elements. This tissue-change, of necessity, requires a long time to be completed, so that we often find an enlargement in this region which may be said to be in the transition stage, in which the exudation has gradually taken place, but has not yet been converted into real tissue formation.

In different locations we observe that the hypernutrition varies, and causes therefore different varieties of hypertrophic growths. On anterior turbinated bodies the thickening exists as a diffuse enlargement, and may cover a great portion of the nasal surface, or be limited to a small part of the turbinated body.

The appearance is usually similar to that of a simple chronic inflammation from which it can be diagnosed only by an application of cocaine.

On the anterior end of the middle turbinated body the change takes on a mucoid degeneration, so that it frequently has the appearance of a mucous polypus; but by the use of the nasal sound you may make clear the attachment by a very broad base to the anterior portion of the middle turbinated, and there it seems much more dense than a well developed myxoma. In the posterior region two forms of enlargement are found, the difference being due to the pathological changes that take place in the tissues. In one variety, there is a smooth, rounded, purple tumor filling more or less of the posterior nasal space, and in extreme cases, a portion of the naso-pharnygeal space as well. In this form the pathological change is largely in the venous walls, causing paralysis, distension and thickening of the vascular elements. These growths are markedly reduced by cocaine, and are very liable to produce a serious hemorrhage if improperly removed.

The other variety of posterior growth is made up largely of connective tissue proliferation, so that it is much more dense, nodular, and of a white color, while it is but slightly affected by cocaine.

There is yet another condition I have observed, which I designate as hypertrophic polypus. In this form there is a circumscribed proliferation, which results in a large tumor, filling a portion of the nasal space, which may be sessile or pedunculated. In the case reported the growth was as large as a fair sized olive, and was composed of pure hypertrophic erectile tissue.

Case I. A young man of 20 years complained that for a number of months he had been unable to breathe through the right side of his nose, and that he often suffered from colds and stiffness in the head. He had suffered frequently from headache, especially during the more acute symptoms. There was some nasal discharge, which also varied, according as the symptoms were acute or sub-acute. An examination revealed a large pedunculated tumor, springing from the middle of the inferior turbinated body, which completely filled the nasal space on the left side. It was quite red, nodular, and of firm

Fig. 1.

consistence (see Fig. 1), but slightly erectile, as shown by the application of cocaine. The growth was removed by the aid of the electro-cautery snare, and perfect freedom for the passage of air was secured, as well as a permanent cure of the growth. The symptoms developed by this tissue-change are similar to those of the chronic catarrhal stage intensified.

There is always a predisposition to acute inflammatory attacks of the nasal tissue, from which reaction is tardy, and the patient realizes that his "colds never get well." He may suffer from permanent stenosis with all its remote results, or he may notice those symptoms only at intervals. There is not usually a large amount of secretion, but the discharge is thick, tenacious and often stringy. There is no odor from the nose unless the discharge is retained, which seldom happens. The pharynx or larynx may become affected, either by an extension of catarrhal inflammation to those regions, or on account of the tough mucous, which, accumulating in the nasal region, falls into the pharnyx or larynx, causing an excessive irritation within these regions. Cough may result for the same reason. The ears may suffer from an extension of the inflammatory condition to the Eustachian tubes, or from improper ventilation of the middle ear, due to the nasal stenosis or occusion of the Eustachian opening.

The most interesting series of symptoms of this condition are those known as reflex, and may include any form of vaso-motor trouble,

from a simple headache to violent attacks of epilepsy or chorea.

In common with the other orifices of the body, the nasal membrane is supplied with sensitive nerves ever ready to convey an irritation to some reflex center, which may transmit only an increased physiological action at a single point, or may put the whole system writhing in a clonic spasm or in torture by an intense neuralgia.

Headache, vertigo, contraction across the nose, temporal or frontal neuralgia, cough, asthma, abnormal sensations about the throat, chorea and epilepsy, are some of the many conditions that may arise from reflex irritation due to those hypertrophic growths. The following case shows the care we should observe in all instances where reflex symptoms may exist or complicate matters:

Case II. A somewhat nervously inclined lady vocalist complained that for some months past she had been quite unable to sing on account of an irresistible desire to swallow what she thought must be an abundant supply of mucous. She also had a sensation as if the vocal cords were bathed in mucous, which caused her to clear the larynx almost continually by "hemming." She complained of no other symptoms, while her general health was very good. Examination showed the larnyx and pharnyx in perfectly normal organic condition and free from excessive mucuous secretion. On further examination I found on the posterior ends of the lower turbinated bodies small enlargements of the white variety. Treatment directed to these spots revealed the whole trouble in a very few days.

Another case illustrates the reflex effect on the brain of one of these growths:

Case III. Male, aged 31 years. Complained that for a year or more he had been unable to breathe through the nose, particularly on the right side. He also suffered from headache, dizziness and dullness of the intellect, while at times he had violent attacks of vertigo, in which he would become unconscious for a short time, especially when bending forward, as was required during much of his labor. Indeed, he had become so bad that he was unable to perform any labor that required the stooping posture, on account of the syncope. He had much tough mucus in the posterior nasal region, which escaped through the orifice into the throat, producing much hawking and scraping of the throat, which had caused an irritation in the pharnyx and larynx, with slight cough.

On examination I found a very large, purple hypertrophy of the posterior end of the turbinated body, which completely filled the right posterior nasal space, and projecting behind the septum, obstructed a large portion of the left narium and much of the naso-pharyngeal space. (See Fig. 2.) After an application of a 10-per-cent. solution of cocaine directly to the parts with a cotton applicator, I removed the entire growth at a single sitting. This was done with the electro-cautery snare, operating through the nose by the aid of the rhinoscope mirror in the mouth. A severe hemorrhage followed, which I was not able to stop for some time. Perfect relief from all symptoms resulted at once.

The treatment of these growths when fully developed, is essentially surgical, and consists in removing the growth entire or by destroying a line through it with an electro-cautery point in such a manner that a deep cicatrix will bind the tissue to the bone, thereby preventing congestion and nutrition.

Another method of operatiug on this tissue is by the aid of some escharotic to destroy the growth in part or entire. Chromic acid is perhaps the best agent for this purpose, but should be used with great care.

My manner of operating on these growths is

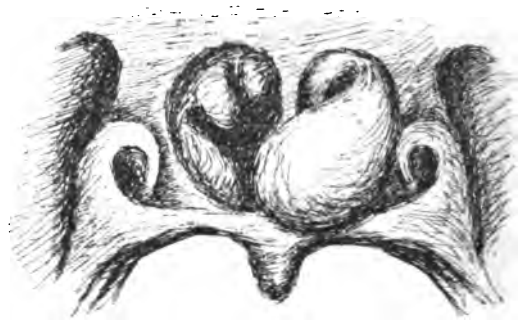


FIG. 2.

always by the use of the electro-cautery point or snare.

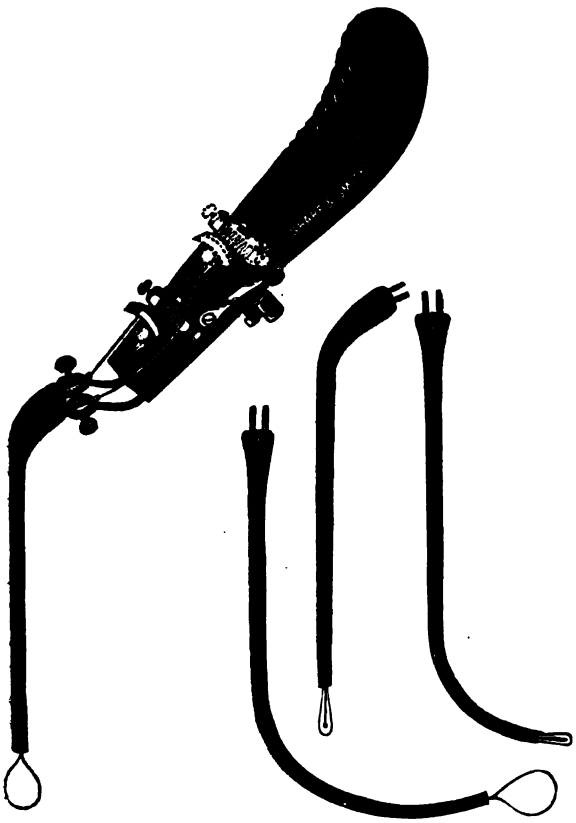
I have had made an electro-cautery handle and electrodes by which these operations are rendered much easier than by the older patterns.

The handle is of the pistol pattern, to which is attached a snare or point at such an angle that the view is not obstructed. The curve gives a good, firm hold, while the thumb and forefinger are free to work the snare and current. The wire is attached to the slide on top, while the current is broken by the little button on the side of the handle. The cords are attached beneath. Any form of electrode may be attached. The anterior growths are easily snared away by the aid of the head miror and a good nasal speculum.

The posterior growths are much more difficult of treatment, and require great skill in the use of the rhinoscope. With a good light. the patient is placed as for a rhinoscopic examination. The snare, threaded with a fair-sized loop, is introduced through the nose. The mirror, well warmed, is now placed in the throat, and a view of the growth and wire obtained, and the wire

placed around the tumor. Care should be taken not to turn on the current, unless the wire is seen to be embracing the growth. As the current is turned on, the slide is drawn downward with the index finger, so that the growth is slowly cut and burned through, leaving a white, dry stump, without the loss of a drop of blood. Should the operation be improperly done, the hemorrhage may be extremely severe, as I well remember in some of my early cases.

I use an application of cocaine 10 per cent. solution applied on cotton in all these operations. The after-treatment consists of antiseptic solu-



tions, applied with an atomizer, until the healing process is completed.

I must ask the Institute to remember that I have reference in this paper to an absolute new growth, and not to chronic catarrh, that I may not be misunderstood in regard to the treatment.

The indiscriminate use of the cautery in catarrhal conditions cannot be too severely criticised.

CENTRAL MUSIC HALL.

People troubled with insomnia, nervous starting from sleep and sensations of falling, can often be cured by limiting themselves to a diet of milk alone for a time. An adult should take a pint for a meal, and take four meals daily.

ACCIDENTS AND FAILURES IN ORIFICIAL SURGERY.

BY W. E GREEN, M. D.,
LITTLE ROCK, ARK.

ACCIDENTS and failures occur in the practice of every department of medical science, and I will say, from a sad experience, that orificial surgery is not the exception. Attending all surgical operations, there is an element of danger that is, to a certain degree, eliminated by experience. The expert surgeon will forecast and avoid disaster that will overtake and overwhelm the novice; therefore accidents may be classified into the avoidable and the unavoidable.

The avoidable are such as lie in the power of the operator, through knowledge, skill, experience and forethought to prevent. The idiosyncrasies of the patient, atmospheric influence and local surroundings, comprise some of the responsible causes for the unavoidable. The part that experience plays as a preventive factor in the mortality of surgical practice, may be illustrated by comparing the 10, 15 or 20 per cent. death-rate of the beginner in abdominal surgery, with that of the expert operator. Tait, in his first score of laparotomies for the removal of the uterine appendages for the cure of uterine myoma, lost 25 per cent. of his cases, while in his last 157 operations he had but two deaths, a mortality of only 1.53 per cent. The difference between 25 per cent. and 1.53 per cent. can be credited to the score of avoidable causes.

It is absurd for the general practitioner to think he can accomplish in orificial surgery what Dr. Pratt has done. He is a man of high attainments, is an expert surgeon, has had great opportunities for observation in his specialty, and has, for years, studied the application of his philosophy to disease. He recognizes at a glance the requirements of a case; intuitively knows whether or not it is amenable to the law, and his large experience enables him to do his work thoroughly, and at the same time avoid every possible danger. I have been doing orificial surgery for the past three years, and I will say with all candor that to apply it successfully in the cure of disease requires as extensive knowledge, as good diagnostic power, as clear judgment and as much operative skill, as does any specialty in the science of medicine.

Would you operate upon a rectum for the cure of asthma when the seat of the trophic lesion is situated in the nose? Would you repair a cervix for epilepsy, when the morbid perturbation grows out of an ocular defect? Would you excise a prepuce for spasms when the spastic impulse springs from the gastric branches? Would you dilate an os for hysteria, when the emotional excitement is of neurotic origin? Would you do orificial work where the patho

logical condition is incompatible with life? It is useless simply to clip away pockets and papillæ when piles exist. It will prove futile to cut out hemorrhoids when excision is required; and it will not answer to sew up a lacerated cervix that demands amputation for the complete removal of the diseased tissue. Before he begins to operate one seldom knows just what the case requires.

Many of the operations are formidable, major in character, and demand the accomplished skill of an expert surgeon for their execution. I would rather do an uncomplicated ovariotomy than an excision of the bowel. It requires more tact to eradicate a multiple fistulous tract than to amputate an arm. But few operations demand more dexterity and patience in their execution, than does that of removing a cicatrix of the cervix that extends to the internal os.

The great question for us to consider is, not what Dr. Pratt can do but what can *we* do in orificial surgery. Will the benefits that humanity will derive from our hands counterbalance the injury, pain and misery that we will inflict?

From these desultory remarks you may be inclined to think that I do not believe in orificial surgery, but I will say that I do. When properly applied to judiciously selected cases, no specialty gives more brilliant results. You may again ask, "Have you had accidents and failures?" I will say that I have had both; but latterly, not so many as formerly, for I am now tenfold more competent to judge of the requirements of a case, and to properly do the operations, than when I began the work.

The first accident occurred in my fifth operation, in which I repaired a lacerated cervix, removed some pockets and papillæ and dilated the sphincter, for the cure of acute mania. The patient had been depressed in mind for several months, when the acute symptoms suddenly developed; they were very violent and had existed for two weeks, when I decided to operate. The chloroform and ether mixture was used; she took it well and soon rallied from the effect; but twenty-four hours later complete suppression of urine supervened, and she died from uræmic poisoning on the third day. The accident was unavoidable, but the operation was ill-advised; it should have been done long before, or not at all.

My second accident was a hemorrhage from the rectum, in a patient aged 50, upon whom I operated for lacerated cervix; at the same time I removed a few pockets and papillæ and dilated the sphincter and muscles. The bleeding occurred about three hours after the operation, and was quite copious, but self-limited. I was hastily summoned and, upon my arrival, found a badly frightened circle of family and friends. After quieting their fears I brought the patient's hips to the edge of the bed, and, with a Pratt's speculum, carefully examined the parts, but I could not find a bleeding vessel. No further trouble followed. This was an unavoidable accident that probably depended upon some constitutional dyscrasia, as the traumatism was but slight.

My third case was also a hemorrhage from the rectum, that followed the removal of several large hemorrhoids. It took place in the night, fourteen hours after the operation, and was very copious, but stopped spontaneously. When I reached the bedside I found the patient faint and almost pulseless from loss of blood. At once I placed him on the table, administered ether and carefully inspected the bleeding parts. Firm coagula had formed, and the wounded surfaces were free from oozing. The patient made a good recovery. This was an avoidable accident. Bad judgment was used in selecting the kind of an operation. Excision should have been done and bleeding would not have followed.

Case fourth consisted of the rupture of the sphincter and muscle; it was produced while performing excision, I judge by undue dilation. I was not aware of the accident until I had dissected away the mucous membrane. The muscle was torn almost entirely in two. I brought the ruptured ends together with three catgut sutures, cut them short and proceeded with the operation; no evil results. I suppose that this might be classed as avoidable.

Case fifth followed my first attempt at Pratt's late modification of Whitehead's operation. It was a lady, upon whom I had performed trachelorrhaphy at the same time. Everything proceeded admirably, and I was highly pleased with the improved method. The patient was a chronic sufferer from dyspepsia, and had for months been using milk diet and had drank freely of it during her confinement to bed. I examined the parts on the fourth day, and found them in excellent condition, and ordered the bowels moved by enema. The undigested casein had accumulated in the rectum, forming a large, hardened mass. In her mad efforts to expel it the tender cicatrices were torn apart, the cutaneous structure turned out and the mucous membrane retracted, up to the point of division. The appearance of the parts was terrible indeed. At once I stopped the milk and put her upon purgative doses of sulphate of magnesia. She discharged enormous quantities of coagulated milk, and it was two days before the intestinal canal entirely emptied its contents. On the third day I again placed her upon the table, freshened up the parts, dissected the mucous membrane back for half an inch, and again united it with the skin. High fever, accompanied by rigors, and severe nausea followed. There was considerable

sloughing and the tissues again separated on the fifth day. There was nothing more to do but to allow the parts to heal by granulation, and subsequently treat the resultant stricture. The anal orifice almost entirely closed by cicatricial contraction that required division and dilatation for its relief. The patient was cured of her dyspepsia. This was an avoidable accident; I should have thought of the bad consequences that are liable to follow a milk diet, and forbidden its use for several days before the operation.

Case sixth followed four days after the preceding. I performed excision for hemorrhoids, on a patient aged 52, for the cure of chronic diarrhœa. The operation was satisfactorily done, and I felt confident of success. I ordered a nourishing liquid diet, but did not forbid the use of milk; being fond of milk the patient drank freely of it, though he knew it did not agree with him. The next day he was taken with violent running off at the bowels. I was summoned, and on my arrival I found him sitting on a slop-jar, straining at stool. I at once apprehended trouble, and upon inspection I found that he had, by his position, torn all the stitches loose on the right side. I did not attempt to repair them, but allowed them to heal as they were; for my experience with the former case taught me that the tender, inflamed tissue was not disposed to immediate union. This was an avoidable accident. I should positively have prohibited his taking milk, and given orders to use the bed pan.

I have had more than a score of failures, but I will only relate a few of the most notable ones.

Case I. A child, aged 2 years, that suffered from spasms of the glottis. It had been under the treatment of several physicians without relief. The paroxysms were very severe and recurred several times daily. Upon examination I found a long adherent prepuce and a sensitive condition of the organ. I recommended circumcision, to which the parents consented. The child received no benefit whatever from the operation, and soon left me. Several months after they came back to me with the child, and I prescribed Ignatia 6x, which promptly cured it.

Case II. Single lady, aged 26; had suffered for months from severe frontal headache. I had prescribed for her repeatedly; had fitted her with glasses, and removed both anterior and posterior hypertrophies from the nose, curing a bad case of nasal catarrh, but had never benefited her a particle. As her menstruation had always been painful, I recommended dilatation of the cervix; and accordingly, anæsthetized her, dilated the vagina, cervix, sphincter and muscle and removed some pockets, papillæ and small hemorrhoids. She was not improved in the least from the operation, and left me in disgust. I certainly did thorough orificial work in the case.

Case III. Was similarly affected, and about the same age. The paroxysms of pain came on every three or four weeks; were confined to the base of the brain and neck, and were the most severe that I ever witnessed. I removed the hymen, dilated the vagina, cervix, urethra, and sphincter ani, and removed several small piles. The patient was not benefited.

Case IV. A lady, aged 54, was sent to me to have the ovaries removed. She had been suffering for twelve years from paroxysms of pain that extended through the right ovary and up into the right side. Upon a most careful exploration I failed to detect either ovarian tenderness or enlargement; but I did find a badly diseased rectum. When I introduced my finger into the bowel she complained bitterly of the pain, and said that it was just like what she suffered all the time. I advised an orificial operation, did it thoroughly, but without effect. I have since written to her, urging her to return and permit me to open the abdomen, but she declines.

Case V. Consulted me for chronic constipation. After several weeks of unsuccessful treatment by medication, I decided to operate on account of a very tight sphincter. I thoroughly dilated it and removed several pockets and papillæ. The patient was not benefited.

I have generally been able to attribute my failures to inappropriateness of the operation, to faulty judgment in not doing the right operation, and to want of thoroughness in operating.

Homœopathic Medical Society of Tennessee.

This society met in annual session at Lookout Inn, Chattanooga, Tenn., September 10 and 11, 1890, under the presidency of Dr. E. H. Price of Chattanooga.

The Society's new charter was approved.

The most important action taken was to adopt the following resolutions:

Resolved, That it is the sense of the homœopathic profession of the State of Tennessee, represented by those in attendance at the State Society of Homœopaths, assembled on Lookout Mountain, September 10 and 11, 1890, that we are not in sympathy with the present law governing the practice of medicine in said State of Tennessee.

Resolved, That a committee be appointed by this Society, who shall present our claims before the coming legislature, advocating a proper registration of practitioners only, or asking for equal representation upon a single Board, or the forming of a separate Board of homœopathic practitioners.

SELECTIONS.

Uræmic Convulsions.

Dr. W. S. Searle, of Brooklyn, read the following very practical paper before the King's County Homœopathic Medical Society. It was published in the *North American Journal of Homœopathy* for October.

It is foreign to my purpose, which is almost wholly a therapeutic one, to attempt any discussion of the pathology of uræmia.

Whether this malady be caused by a retention of urea, or kreatine in the blood, or by a decomposition of the former into carbonate of ammonia, or to œdema of the brain, I believe all students of the subject agree that the symptoms grouped under this head are caused by a failure of the kidneys to eliminate excrementitious matter of some sort, and that this failure, in the large majority of instances, is due to inflammatory disease of those organs.

The distinctive peculiarity of uræmia, then, is a poisoned state of the blood, and the convulsions to which this sometimes gives rise are a manifestation of the irritation of the nerve centers by noxious elements dissolved or floating in it. In other words, we have here instances of poisoning just as definite and certain as if *arsenic* or *strychnia* had been swallowed and absorbed.

And, while of a similar nature, uræmia is the more desperate condition because the main organs appointed to the task of eliminating most poisons, and especially these from the life-giving current, are the very ones which are in a state of blockade.

Whatever his pathological theories, no one, I imagine, will take exception to this statement of the case.

Now, in the light of this clearly understood knowledge, let us briefly review the treatment laid down for uræmia and its consequent convulsions by the most reputable authorities of the homœopathic school.

Jahr, in his "Forty Years' Practice," names *ignatia, cham., bell., hyos., ipecac, platina, acon.*, and *coffea*. To these Hempel, his translator, adds *gels.*, and palliative doses of *opium*.

Farrington, in his "Clinical Materia Medica," gives *ammon. carb., arsen., arum, cannab., cup.*, and *hydrocyanic ac.*

Lilienthal names *arsen., apis, aur., bell., cup., merc. corr., glon., gels., hydrocyan. ac., nicotine phos., stram.*, and *verat, vir.*

Allen's "Encyclopædia" mentions just one remedy for uræmia, viz.: *plumb.*

Hughes advises *hydrocyanic ac.*, and *chloroform*.

Guernsey in his "Obstetrics," repeats about the same list of remedies as those already quoted.

The same is true of Baehr.

In fact, only two of the authors of our school appear to grasp the conditions of the problem at all. These are Arndt and Buchner.

Of these Arndt alone hints that anything more than a mere symptomatic prescription is necessary. His directions for treatment are good, so far as they go, but he also repeats the long list of drugs already cited, both appropriate and inappropriate. At the close, with equal infelicity, he cuts off most of both classes and narrows his number down to four, which he deems most worthy of consideration.

The work of Millard on Bright's disease treats but briefly of uræmic accidents, and is almost wholly devoted to the pathology and treatment of the general affection. While this writer no longer bears the title of homœopath, his treatment is still largely and avowedly based upon the law of similars, and his may be said to be the most recent, reliable and valuable work on the subject in our or any other school, at least in the English language. But, as noted, we find uræmic convulsions only incidentally alluded to by this writer.

Here, then, we have all that homœopathic literature affords upon this subject, and I submit that it is meager and inadequate not only, but much of it inaccurate, purely theoretical and fallacious. It is misleading and pernicious also. For, should the young and inexperienced physician be thus led to depend upon symptomatology for help when confronted with such desperate conditions, his patient must be deprived of the small chance of life which is left to him.

And yet I state plain fact when I say that there are physicians in our school to-day, and those, too, who hold high station as teachers in it, who, in most, if not all diseases, rely solely and implicitly upon pure symptomatology. At the bedside of a patient, desperately sick of a very obscure disease, I lately met several physicians in consultation. Among them was a distinguished professor from a neighboring city. All of us but he felt it necessary to prescribe upon a pathological basis.

"Well, gentlemen," said our learned professor, "I cannot follow you there. When you go outside of pure symptomatology, I know absolutely nothing. I cannot and do not prescribe for my patients upon any other basis."

It is to be hoped that he sometimes obtains assistance from those who do.

I am happy in the belief that he and those who agree with his practices form the minority in our school.

Eminence in symptomatology is certainly commendable and desirable, and, doubtless, there are certain minds especially adapted to make the best use of it. I envy and praise such

acquirements while I deplore universal dependence upon them.

How can any man, in this enlightened age, conscientiously refuse to sometimes prescribe pathologically?

Pardon me a little excursion here. Take, for example, a man who years ago, in early life, has suffered from acute rheumatism, and, as a result, has long had a deformity of the mitral valves. For many years he has been unconscious of any difficulty, so perfectly has Nature compensated his defect. But all at once he begins to experience unpleasant sensations in this region. The symptomist examines, finds valvular disease, and prescribes according to the complaints of his patient, when often the truth is that the heart is no more affected than it long has been, and the whole difficulty lies in obstruction to the blood current in some remote organ, like the liver, through which this fluid must pass, and the now overworked heart complains, while in the true seat of trouble not a symptom is manifest.

Who is not aware that a long list of maladies exists which are mere reflexes from phimosis or stricture; that vomiting is often of the same character; that cough may be due to a foreign body in the ear, and, and that the treatment of these and many other similar forms of disease upon a symptomatic basis is the height of ignorance and folly!

How often does an accurate diagnosis of hysteria or latent gout or syphilis afford our only clue to effective treatment!

So also, here, in uræmic convulsions, no mere symptomatic treatment will avail. From pathology alone we have derived a knowledge of the true nature of these spasms, and upon it we must to a great extent depend for effective treatment.

One might as well prescribe symptomatically for an aching stomach filled with cabbage or irritated by arsenic, without first elimina ing the offending substance, as to select from the above-named drugs a remedy for a victim to uræmic convulsions.

The blood must first be depurated until it becomes endurable by the brain, and *then* we may consider the drugs which tend to cure the inflammation which has disabled the kidneys. Meantime the convulsions can generally be stopped by taking forcible possession of the nerve centers by opium, or chloral, or chloroform, which render the brain incapable of responding to the irritation to which it is exposed. Of the propriety of this measure I will speak more fully at a later point in the discussion.

Now, what means are at our command for the fulfilment of the first-named indication—the depuration of the blood?

We take our cue from Nature, which endeavors to exude the noxious material through the skin and mucous membranes. And, since elimination through the former of these causes less disturbance in the economy, preference is given to that.

To excite free perspiration, then, is our first endeavor. And to this end, we may employ either hot packs, or hot air, or steam baths. Of these, I esteem the hot pack most highly. Next to this, the steam, and lastly, the hot air.

All of these measures stimulate the action of the heart, and are by just so much disadvantageous and dangerous. Indeed, sometimes the patient is not able to endure the strain for a period sufficiently long to make much impression upon the condition. For the sweat should be profuse, and as protracted as possible. But *aconite* and its congeners, *verat. vir.*, *ferr. phos.*, etc., assist us materially in this respect; both by calming the action of the heart and inducing speedier perspiration. Stimulants should not be allowed, except homœopathically. Used in that way they are often efficient aids. A teaspoonful of *brandy* or *whiskey* in half a glass of water, and a teaspoonful of that every five minutes, is a help not to be despised. With it may be given one of the remedies just named. Not seldom a cup of *hot weak tea*, or, what is still better, a teaspoonful of the *fluid extract of coca*, dissolved in a cup of hot water, is also useful. A few steady and encouraging words, too, go a long way toward helping the distressed and nervously anxious patient.

But no sooner does free perspiration set in than the overburdened heart and lungs begin to experience relief, and the crisis is over. The sweating may be continued until the pulse, by its waning force, gives us warning to either remove the patient from the pack or support the action of the heart by stimulants. This, I think, is preferably done by *nux* or *digitalis* or both, and they must be given for their direct pathogenic effect, in stimulant doses. One or two drops of the tincture of *nux vomica*, with ten or fifteen of the tincture of *digitalis* are sufficiently powerful, and may be again administered when necessary. Such a course also enables us to employ still another very effective measure with greater safety. I refer to the hypodermic administration of the tenth of a grain of *pilocarpine*. This, of itself, as you know, is often enough to induce profuse sweating, and it is only because of the depressing effect of *jaborandi* upon the heart that its use in these conditions is deprecated. But, after a dose or two of the *nux* and *digitalis*, I do not think we need fear to employ this powerful assistant.

One good, thorough sweat of two hours, or even less, is quite sufficient usually to so depurate the blood as to render a return of convulsions

unlikely for at least twenty-four hours, and at the end of that time the pack can be renewed, if necessary.

I think the moist heat of the pack favors an earlier start of perspiration than the dry hot air, and the conveniences are always at hand for its speedy administration, while, for the steam or hot air, especial preparation is necessary.

It needs only a brief description, as it is very simple. Upon the protected bed a blanket, wrung as dry as may be out of water at about 100 degrees is spread, and upon this the patient, already divested of clothing, is laid, wrapped and covered well.

For the steam or hot air-bath, the patient is similarly placed in dry blankets, which are elevated above the body by hoops which have been cut into two parts and tied loosely together so as to elevate the clothes into a kind of tent. Into this inclosure steam may be introduced from any source through rubber tubing. For the hot air, the apparatus known as Ronchetti's is most simple and efficient.

When it becomes proper to remove the patient from such a pack or bath, extreme care is necessary lest the relaxed and sensitive skin be chilled. The body must be uncovered part by part, rubbed until dry with coarse bath towels, and thus gradually be gotten into dry blankets. Only after a gradual cooling should any attempt at ordinary clothing be made.

I think the instances are rare in which a course of procedure like this will fail to rescue a convulsive patient from immediate danger by depurating the blood, while it also so reduces the congestion of the kidneys, and brings down the frequently high temperature and pulse, that the secretion of urine is at once re-established to a greater or less extent.

Quite lately a patient was brought into the Cumberland Street Hospital suffering from uræmia due to parenchymatous nephritis of a chronic form. The urine measured only about three ounces in twenty-four hours, and anasarca was extreme. The simple hot pack, without any of the aids mentioned, was amply sufficient and, within a day or two, she was passing from forty to sixty ounces daily with complete relief. This woman is now nearly well in all respects.

A few words as to the hypodermic use of *morphia* in uræmic convulsions. The employment of this drug has always been condemned and avoided on the ground of its well known tendency to dry up the intestinal secretions, not only, but to diminish the amount of urine. That its use in uræmia was both safe and beneficial was, as I am informed, first demonstrated some years ago by a mistake which occurred in Bellevue Hospital in New York. It appears that two patients, one with uræmic convulsions and one with delirium tremens, lay in adjacent beds. For the latter the attending physician ordered, in certain contingencies, a hypodermic. The night nurse, however, gave the dose to the uræmic individual with the happy effect of at once stopping his convulsions, while none of the ill effects which had been apprehended were observed.

Of this accident I availed myself some years since. I had a severe case of uræmic convulsions from acute nephritis following scarlet fever. The patient was a young lady. Nothing availed during twelve hours to control the spasms, and it seemed as if she would not long survive. I then injected one-fourth of a grain of *morphia*. The convulsions at once ceased and did not recur, while the packs and remedies sufficed to restore the suppressed urine.

Since that experience I have never feared to repeat this treatment. It appears to me preferable to a similar employment of *chloroform*, which, either by inhalation or internally, in the shape of *chloral*, has been often used under such circumstances. It is better for several reasons.

In the first place, the effects of *chloroform* are less steady and persistent than those of *opium*. Again, while it is true that this drug in large doses tends to limit the secretion of urine in the healthy, it may act homœopathically even in the dose recommended under these conditions, and it certainly sustains the feeble heart, and helps to establish the desired perspiration.

It is, however, necessary to remember that not more than one-fourth of a grain should ever be given. One-eighth would generally suffice, I think. It should not be combined with *atropine*, as this drug tends to antidote the very effects we wish to produce.

There is a high authority for the administration of *hydragogue cathartics* in uræmic convulsions, such as *elaterium* and *croton oil*. No doubt, when the intestines are loaded with fecal matter it is wise to empty them, but, otherwise, I avoid catharsis because it can, at best, accomplish little, because it deranges digestion, and more than all, because it exhausts the patient. Still, in desperate cases, when other measures fail, a resort to it is justifiable. Not seldom the bowels may be overloaded to even a great degree when the stools have been regular, so that careful percussion over the course of the colon is necessary. I once found this condition, and removed from a small woman a large bucketful of fecal matter. I state this on the testimony of a careful and truthful nurse.

We will now suppose that our convulsed patient has been well sweated, and the convulsions controlled; what more is to be done?

It goes without saying that the sweating must be daily renewed until examination of the urine proves it to be no longer necessary.

We have now reached the point where homœopathy comes in and becomes not only appropriate but valuable. We must here select our remedy for each individual case. How shall this be done? Out of what symptoms shall we compose our disease picture for the similar for which we are to search?

I insist that we should, for the most part, entirely ignore the more striking and obvious symptoms found in the convulsive features of the case as of little or no value, and depend upon the objective and rational—*not* the subjective and conditional elements.

To prescribe for the latter is a useless waste of time and opportunity; it is to regard a remote and reflex effect, and neglect the essential causes. We know the cause of the difficulty to be nephritis, and Hahnemann himself makes it the first duty of every intelligent physician to remove obvious causes.

To follow the authorities of our school and select a remedy on the basis of the convulsions —a merely incidental development—would be as foolish as to similarly regard the pruritus of chronic uræmia, which, as we all know, is due to an irritation of the cutaneous nerves by the enforced excretion of urea by the skin. Even if we could calm the excited nerve centers by *bell*, or *hyos*, or *stram.*, of what real service would that be? Can any one be superstitious enough to suppose he can obtain a therapeutic clue to the nephritis through the peculiarities or conditions of the spasms?

The question is too simple for argument, and yet it is what most of the authorities above quoted advise, and this is the course of the symptomist.

The only proper and scientific method is to determine the variety of nephritis which exists by examination of the urine, as the first and essential step. And for this, of course, we must resort to the microscope. As a rule the catheter will give us urine enough for an intelligent comprehension of the condition, and upon this will largely depend the selection of the suitable drug to be administered. If blood corpuscles are found, *terebinth*, *cantharis* and their congeners must be thought of. If albumen be present in large amount, we know that the cortical part of the kidneys is involved. The nature and abundance of the casts have a determining value. The presence of crystals of uric acid or of the triple phosphate, etc., is to be considered. The color and odor of the urine are important. In short, all the considerations which I have lately mentioned in the discussion of Bright's disease must be taken into the account.

Having obtained all possible light from this direction, we should then study the constitutional peculiarities of the patient—his diathetic condition. Not a few of these patients are gouty by habit or inheritance, and their urine exhibits crystals of uric acid. For such we give the effervescing draught, together with *colch.*, *sepia*, *lycopod.*, etc.

Some are syphilitic, and need *aurum* or *nit. ac.* or *mercury*.

An offensive, ammoniacal urine, with triple phosphates, should induce us to give *lemon juice* in large quantities—a favorite empirical prescription of the late Dr. John F. Gray. *Nitric acid* and *benzoic* also belong here, the latter especially for rheumatic subjects.

A urine with the odor of garlic indicates the *arsenite of copper*.

When I can find no basis whatever to go upon, this last named drug is my favorite since it covers the whole disease picture—convulsions and all—better than any with which I am acquainted.

Phosphorus is also a drug well worthy of regard, especially where fatty casts are seen. *Mercury*, in some of its many forms, is by no means confined to cases with syphilitic antecedents.

Arsenic is a remedy so well differentiated that its selection is comparatively easy.

Buchner has much to say about atrophy and œdema of the brain in these cases—all of which appears to me unpractical, for the man does not live who can diagnose these conditions with anything like certainty. Although this author names some of the efficient remedies for uræmia and does not string out an array of utterly useless ones, yet his whole discourse is colored and vitiated by what we now consider an exploded pathology.

As to the other authors named (aside from Millard), their *ignatia*, *cham.*, and *coffea*, and *bell.*, etc., are at once wiped out by even such a superficial view of the matter as we have now been able to take.

With what remains we must be content to do the best we can for such sufferers until a proper study of the pathogenetic relations of drugs to the kidneys can be elaborated, and thus afford us a more definite and secure basis for prescription.

Who will hasten this auspicious day?

Congenital Absence of Bladder, Double Uterus, Vagina and Os with the Absence of External Genital Organs.

The following interesting account of a rare case, by Dr. J. W. MacLachlan, House Surgeon Homœopathic Hospital, Ward's Island, appears in the latest number of the *New York Medical Times:*

In making an autopsy on a patient who died in the institution July 21st, 1890, I found the following anatomical curiosity:

History.—Case, Fannie S., aged 20; admitted

to hospital June 26th, 1890; parents dead; heredity unknown. Since birth has been troubled with incontinence of urine, which dribbled from two openings in the lower abdominal parietes, directly over the vagina.

The urine has kept the parts constantly wet, more or less passing into the vaginal orifice, causing a leucorrhœal discharge during the past few years. Owing to this terrible affliction she was unable to obtain work as a servant, and has spent most of her life in the different charitable hospitals in this city.

She began to menstruate at fifteen years of age, and the menstrual periods have been regular since that time. The menses not appearing while under my care, I am therefore unable to say whether the flow came from both halves of the uterus or not.

When admitted to my ward she complained of a constant and severe pain in the lumbar region and the right side, which was aggravated at the menstrual periods. She was troubled with obstinate constipation, sleeplessness, loss of appetite, extreme thirst, constant nausea, vomiting, incontinence of urine, and there was at times partial retention during the last two weeks. The analysis of the urine showed the quantity greatly diminished, a large quantity of albumen, pus cells, blood and tube casts. For two or three weeks I had fastened a soft rubber catheter in the orifice of the right ureter, to keep the parts dry; one morning, to my surprise, the catheter had disappeared, and could not be found. The only explanation the nurse could give me was, that the rats had carried it off. I was quite sure that it had passed into the ureter, as the pain on that side was much aggravated. I made exploration, but was unable to discover it. One week later, while the nurse was bathing the patient, she noticed a dark object in the orifice, and, drawing it out, found the catheter, which surprised me somewhat. It was very evident from the condition of the kidneys that the irritation of the catheter did not hasten the patient's death.

Postmortem appearance.—Height, four feet ten inches; measurement of chest, twenty-eight inches; abdomen, twenty-five inches. Face very broad, with a slight growth of hair on the upper lip. Body fairly nourished. Breasts but slightly developed. Heart weighed eight ounces. The aorta was slightly atheromatous; valves competent. Right lung weighed eleven ounces; the left, seven ounces. Both lungs emphysematous and congested. Liver weighed thirty-eight ounces; capsule adherent; nutmeg appearance throughout its substance. Spleen normal. Acute inflammation of the stomach and small intestines. The bladder was absent, with no trace of its ever having been present. The ureters were normal in length, and passed through the abdominal parietes, between the pubic bones. They were two inches apart, and one inch above either side of the vagina. The orifices were the size of goose quills. The right ureter was greatly distended, varying from one to one and one-half inches in diameter, serving as a partial reservoir capable of holding several ounces of urine. The left ureter varied from one-fourth to one-half inch in diameter. Right kidney weighed six ounces; capsule adherent. Kidney filled with small abscesses, varying from the size of a chestnut to a walnut, containing pus and blood; dark pigmentation throughout the entire kidney. Left kidney weighed three ounces; capsule adherent. The center of the organ was contracted to one and one-fourth inches in circumference, with several small abscesses similar to those in the right kidney. The pyramids of both kidneys were destroyed. There was a very peculiar malformation of the pelvis. The pubic bones were apparently normally developed, but disconnected from each other by a space of five inches. The deformity caused a wide separation of the limbs, giving her a peculiar gait when she walked. The transverse diameter of the anterior superior spine of the ileum to the spine of pubis was five inches; transverse outlet of pelvis, six inches. Circumference of hips, thirty-three and one-half inches.

All the external genital organs were absent. There was a complete double vagina divided by a longitudinal partition, or thin septum, of mucous membrane. The long axis of the vagina was transverse, or, across and between the pubic bones, measuring one and one-half inches. The entrance of the vagina was through a small fleshy band, the edges of which did not meet.

The development of both vaginal canals was rudimentary, and of equal size. The length of each was one and one-half inches, and of very small circumference. There was a cervical portion and an opening into each vagina. The uterus was two-horned, with a lateral direction to each horn; the distance across, from one fundus to the other, was three and one-fourth inches. The uterus weighed one and one-half ounces, and the length of each uterine cavity measured two and one-fourth inches. Each os was slightly smaller than normal. The uterine sound could be introduced easily through the os, and apparently through a normal cervical canal. Fallopian tubes, ovaries and ligaments were normal, there being one Fallopian tube and one ovary for each uterus.

This case I believe to be unique, so far as I have been able to ascertain in my researches through the journals and medical works within my reach. Dr. Oliver, in the London *Lancet* for 1879, Vol. II., page 829, gives a very interesting case of apparent congenital absence of the bladder only, but I find no case in medical literature with such complications of malformation as I have described above.

Treatment of Insanity by Keeping the Patient in Bed.

Rest in bed is the sovereign remedy to quiet psychical states of irritation, and only thus the asylum is changed into a hospital. It offers for all acute cases and for all patients in an excited state of mind, the same blessings which we expect from work and liberty of motion for all chronic and quiet patients. Rest in bed acts favorably on the physical and psychical state of the patient. When the psychosis arises from exhaustion, as after typhoids, rheumatism, influenza, gastro-intestinal catarrh, etc., or from puerperal and menstrual aberrations; or from overwork, night-watching, emotional depression with loss of vital energy, common sense teaches the necessity of rest in bed, whether the psychosis manifests itself by melancholia or maniacal excitement. It has a wonderful effect on the patient, for the very confinement in bed impresses on him the idea of sickness, and he becomes the more willing to obey the order of his physician. Even when a patient with his paranoia appears strong and hearty, though he may be momentarily quiet, he is ordered to bed at his admission and has to remain there no less than one week. We meet in this way fewer maniacal states than are observed in other institutions. Isolation becomes then a rare exception; even in private institutions for the wealthy the patient soon becomes convinced that restoration is more rapidly expedited by following out the treatment insisted upon. Such a hospital for the insane must have good beds, well-made, horse-hair mattresses, good bolsters and pillows, and the clean linen must be kept smooth by the nurse so that all decubitus can be prevented, and sponging with alcohol and water be a daily practice. To be a hospital in its true sense the rooms must be kept tidy and cheerful; curtains on the windows, and those who were in the habit of looking at asylums as prisons will feel more than astonished to find out how much more easily the patients become reconciled to their neat surroundings.

Hydrotherapia goes hand in hand with confinement in bed, the douche, wet packing and full baths. All paralytics take cold baths, descending from 24° to 18° and 15° C., otherwise tepid and hot baths. Even repeated bathing may be required during the day to quiet the excited state. Good nurses are necessary to look to the welfare of the patient intrusted to their care, and only gradually a return to the usual mode of life can be allowed. The patient at first takes only his meals out of bed; by-and-by he takes a walk with his nurse, but still it will be advisable to pass some hours daily in bed. Strict individualization is necessary, so that each may receive just that treatment suitable to the case in hand.

The "Whip" Bougie.

I believe these are by far the best and safest bougies we can employ in most cases of tight stricture. They are made in different sizes, in lengths of about twenty inches, commencing by a filiform point, and gradually increasing toward the other extremity. In speaking of the value of these instruments, in the treatment of tight strictures especially, I am sure that a trial by those unacquainted with them will insure their adoption in that class of strictures where the difficulties of instrumentation are the greatest. In my own hands they have had an extended trial, and when I have demonstrated their employment to others, their adoption has generally followed. It is no small recommendation to say of an instrument of this kind, that it rarely fails to pass a stricture, as long as it is structurally pervious, however fine the passage may be; that dilatation necessarily follows upon this without risking the re introduction of a bougie on a larger scale; and that these advantages can be secured without the liability to laceration and hemorrhage which often accompany the use of other instruments. This is important to remember, as every degree of laceration the urethra receives adds to that kind of tissue of which an organic tissue consists. Further, by reason of the tapering form of this bougie, every introduction of it not only stretches the stricture, and increases its calibre by several sizes of the French gauge, but it tends to make the entrance to the stricture from the front funnel-shaped, and thus adds to the ease with which subsequent introduction, are effected, either by the patient or the practitioner.—*Dr. R. Harrison.*

The Causes of Acute Suppuration.

After stating the literature of the subject, Dr. A. Luckerman, of the laboratory of surgical pathology, at Kasan, details a great number of his own experiments, by which he reaches the following conclusions:

1. Neither chronic, nor mechanical, nor thermic agents of irritation have the power of producing suppuration in the absence of microbes.

2. If suppuration is produced under the influence of the above named irritants, pyogenous fungi were of necessity in simultaneous co-operation.

3. Even substances *chemically pure* may be *impure* mycotically, as disinfectants like turpentine, tar, etc.

4. At present, the following fungi are to be considered *causes of suppuration: staphylococcus pyogenes, aureus, albus et citreus, streptococcus, pyogenes*, and possibly, in fetid abscesses, *bacillus pyogenes fetidus.*

5. Inoculations with staphylococcus and streptococcus, when in very large quantities,

will usually cause death, and in all cases will produce suppuration.

6. It is to be supposed that said microbes are present in nature very extensively, on account of the frequency of suppurations.

7. They do not seem to be present in air very numerously, nestling so much the more in most of our domestic objects.

8. These microbes may penetrate into the body either by respiration, or by the channels of digestion, or by the skin. The latter channel seems to be the more frequent one. Besides, they may make their invasions by various cutaneous channels, and even, the cutis being intact, through the glandular orifices, as has been demonstrated by Garre's, as well as the author's experiments.

9. As far as the clinical material, accumulated until now, vouchsafes a conclusion, staphylococcus pyogenes shows the more frequent occurrence, and then streptococcus pyogenes.

10. *Rosenbach's* opinion that streptococcus pyogenes was the cause of diffuse phlegmons, and staphylococcus pyogenes the cause of circumscript suppuration, has not been confirmed by other authors.

Entrance of Air into the Veins in Tracheotomy.

Without recourse to anæsthesia, the author performed tracheotomy on a man of twenty-nine in the third stage of pulmonary tuberculosis with laryngeal stenosis and suffocative attacks. During the operation a large vein was opened, and before it could be secured two inspirations occurred, and judging by the characteristic hissing sounds, considerable air must have been sucked in.

The indifference of the patient permitted a complete auscultation of the heart with very interesting results.

There was heard over an area of about ten centimeters, the center of which was the tricuspid region, a very pronounced hydro-aërial bruit, a gurgling of metallic timbre synchronous with the systole. This zone appeared to increase sensibly in extent the minutes which followed the entrance of air and the commencement of the ausculation, the bubbles becoming more numerous and larger. The hydro-aërial bruit became more and more limited to the tricuspid area and the bubbles diminished little by little in volume, the gurgling changing by successive stages into a fine subcrepitant rale. The bubbling disappeared after twenty-five minutes.

The dyspnœa was not intense, and the pulse, at first small, soft, and compressible, recovered itself as the gurgling disappeared.

It was at the expiration of twenty-five minutes that the patient showed some signs of asphyxia, slight cyanosis, smallness of the pulse, chilliness, sweats, and an apnœa which yielded immediately to an electrical application. The operation was then completed. A little relief followed the introduction of the canula. Three hours later the patient insisted on getting into a chair, and suddenly expired.

An autopsy revealed various tubercular lesions of the larynx, trachea and lungs, and distension of the heart by a clot and distension of the arteries and veins by dark blood without froth. —*Dr. Assart, in Sci. Med. de Bordeaux*

Expulsion of the Ovum Entire, Late in Pregnancy.

It is believed that expulsion of the human ovum with its membrane intact, after the third month of pregnancy, is a very rare occurrence, although we have cases recorded as having taken place as late as the sixth month. The following case, however, teaches that it is not impossible for a delivery of this kind to take place much later in gestation. The case is one that came under Dr. Fallis' care quite recently, and is one of unusual interest.

The mother, a stout, healthy-looking primipara, was taken in labor late in the evening of Feb. 2, and Dr. Fallis was not called till the next day, when he was summoned in haste and, on entering the house, was told that the woman was through, and "everything is in the bed." Yet no attempt had been made to look after the child, which had not made a whimper, and for good reason, as we shall see. As soon as Dr. Fallis could get ready he made an examination, and was not a little surprised to find a loose mass between the mother's thighs, which proved to be the ovum entire, placenta and membranes with their fetal contents, altogether in one ovoid sac; the entire contents of the gravid uterus having been expelled in one body. He then removed the fetal mass to a convenient place, and ruptured the membranes, exposing the child, which was a small, emaciated female. It was about fourteen inches in length, and weighed about three pounds.

The mother's statement was, that she was between seven and eight months advanced in pregnancy, but judging from the general development of the child, it is probable that she was mistaken.

Although the child was very small, the ossification of the cranial bones, the appearance of the finger-nails, as well as the absence of the lanugo, indicated that it was a fetus of at least eight months, and possibly one not far from term.

There was no known cause for the pregnancy being terminated before the allotted time; both parents were healthy, and the mother had not been sick during the time that she was carrying her child.

The child had the appearance of recent death; it was alive, Dr. Fallis thinks, during expul

sion, from the fact that the cord was looped over its right shoulder, and the right arm was in a condition of intense venous congestion. This congestion must have been produced during expulsion, for at no other time would the cord be made tense enough to stop the venous circulation.

Acute Alcoholism.

There are practically no cases of acute alcoholism, and absolutely no deaths from it before the age of twenty. Even after the system is deteriorated by excesses, it takes at least a week to get up the "horrors," and usually a longer time. The secret of the continuous drinking lies in the cheap liquor and the treating and credit system. There are licensed saloons in the city where for five cents a man can get a tumbler full of whisky, and where the stuff is sold in bottles at the rate of twenty cents a pint. Two drinks of this fiery fluid will, I am told, completely stupefy or craze a man or woman. From a slight personal investigation of samples, I quite believe this to be true. I am told that the prostitutes from well-kept houses who get delirium tremens upon champagnes and good liquors are much more easily managed and more successfully treated than the poor men who have for weeks guzzled five-cent whisky, stale ale, and unripe beer.

It seems as though something ought to be done to lessen this terrible tribute to alcohol. One thing might at least be attempted—viz., the prevention of the sale of cheap and poisonous liquors. These rapidly produce the worst and most intractable forms of alcoholism. There is a law restricting the sale of poisons, and no worse poisons are dealt out than the raw spirits sold as whisky at five cents a tumbler. Our health and police boards would find a legitimate field of work in this direction. The closure or supervision of the raw-whisky and stale-beer saloons would lessen the cases of alcoholism at once. If public opinion is not ripe for doing more, let it at least enforce the ordinary provisions against the sale of the poison drank by the majority of the pauper inebriates. If the cry is raised that the poor man should be allowed to drink, at least insist that his liquor be pure, and cheapened by water, and not by fusel oil.

I do not mean to imply that cheapness and badness of whisky are the main factors in causing severe alcoholism. As a matter of fact, the whiskeys in question are diluted with water and owe their cheapness to this fact and to their being new, containing, no doubt, other alcohols than the ethylated. Nor is there any salvation in malt liquors and light wines, as has often been supposed. These drinks, though relatively harmless in Europe, are not well borne by Americans. They produce disorders of digestion and of the excretory glands. Americans cannot drink as a rule, without finally injuring themselves; those who can be moderate get along best probably on pure whiskeys and light wines free from sugars or acids. But new whisky is full of poison, and the State might at least forbid its use, as well as that of cheap, stale and unripe malt liquors. Meanwhile, the moralist and sanitarian can try and inoculate the masses with the principles of total abstinence or moderation, according to his point of view.—*Dr. Chas. L. Dana.*

Tape Worm.

A gentleman consulted me for rectal irritation, and examination was negative save a very small pile just external to the sphincter, with slight redness within the sphincter ani.

He had been to Brinkerhoff and undergone his so-called system for piles, and to other regular men in Chicago at various times. Several years back he had had dyspeptic troubles. He always had more or less constipation. I prescribed a pill which contained aloes and compound extract of colocynth at night, and the next morning was somewhat astonished to have him bring me in a bottle about three inches of tapeworm, asking what it was. On telling him, he recollected having passed something similar as long ago as 1873. The probable cause was eating raw beef. I at once instituted a proper line of treatment, removing a snarled mass of worm, which was 28 feet when uncoiled and together with broken segments, must have been over 30 feet in length. The formula used is known as "Schafhirt's Prescription," and is rarely futile.

℞	Pomegranate bark of root	ʒiv
	Pumpkin seeds	ʒi
	Extract of male fern	ʒi
	Pow. ergot	ʒss
	Croton oil	gtt. ij
	Gum Arabic	ʒij
	Water	adʒviij

M:

The following directions should be followed:

Give the patient a light supper and in the morning a full dose of Rochelle salts and let him fast until afternoon; then give all the worm mixture, having him lie down after taking, and resist any tendency to vomit, which is slight. In about one or two hours' time you will get the worm entire. I have known six dollars worth of pelletierine to have been given without effect, that is two doses. "Schafhirt's Remedy" costs to prepare from $1.00 to $1.50 at any pharmacy. I would advise adding one drachm of tr. card. co., which renders it less disagreeable to take.—*Dr. C. E. Denny.*

THE Homœopatische Centralverein Deutsches land is the oldest homœopathic society in Europe.

Antiseptic Bandages.

The inefficacy of bandages, etc., prepared with sublimate alone has led Dr. Laplace to examine into the causes which produce this condition of things. He has determined that the chief reason is the formation of insoluble albuminate of mercury by decomposition of the bichloride in contact with the cloths and materials used in their preparation. This may be avoided, as he has demonstrated, by the presence of an acid in the sublimate solutions used for asepticizing the bandages, gauze, etc., and of all the acids with which he experimented, tartaric acid seems to be the best. When this acid is added to sublimate solutions, not only is the formation of albuminates avoided, but the antiseptic effects are increased in a remarkable manner—thus enabling a smaller percentage of sublimate to be employed; and, moreover, so fully answering all demands that the collateral use of iodoform, etc., is rendered entirely unnecessary. The acid solution is also less irritating to wounds. The following are Laplace's formulæ, as gleaned from *La Gazzetta dogli Ospitali.*

Take of

Bichloride of mercury	1 part.
Tartaric acid	5 parts.
Distilled water	1000 parts.

This solution is for irrigations, etc., but when antiseptic bandages, gauzes, etc., are to be prepared, the following is recommended :

Take of

Bichloride of mercury	5 parts.
Tartaric acid	20 parts.
Distilled water	1000 parts.

Mix.

The material should be submerged in the fluid and left there for at least two hours. We would suggest that the softness and suppleness of the bandages, etc., would be very much increased by the addition of a small amount of glycerin, say one part to each hundred parts of water.—*National Druggist.*

The Treatment of Obesity.

In the treatment of obesity, according to the plans of Schweininger and Oertel, the objects aimed at are the following:

1. To improve the muscular tone of the heart.
2. To maintain the normal composition of the blood.
3. To regulate the quantity of fluid in the body.
4. To prevent the deposit of fat.

These objects are attained by the following means:

1. The muscle of the heart is strengthened by enforced exercise, such as *climbing heights.* This requires great care, and the exercise must be *graded*, the amount of work being increased as the patient can bear it.

2. To preserve the normal composition of the blood, the food should be chiefly albuminous. It may consist of the lean of boiled or roast beef, veal, mutton, game and eggs. Green vegetables (as cabbage or spinach) may be taken; fat and carbo-hydrates only in very limited quantities; from four to six ounces of bread per diem.

3. To regulate the quantity of fluid in the body, the amount of fluid drank daily must be limited. One cup (rather less than six ounces) of coffee, tea or milk morning and evening, and about twelve ounces of wine, and from eight to sixteen ounces of water, shall comprise all the fluid consumed in twenty-four hours. Beer is entirely forbidden. The discharge of fluid from the body is promoted by active exercise, and occasionally by a course of baths, with packing.

4. To prevent the deposit of fat, the principles of diet already set forth must be carried into practice as follows:

Morning—One cup of tea or coffee, with a little milk, altogether about six ounces; bread, about three ounces.

Noon—Three to four ounces of soup, seven to eight ounces of roast or boiled beef, veal, game, salad or a lighter vegetable, a little fish (cooked without fat) if desired, one ounce of bread or farinaceous pudding (never more than three ounces), three to six ounces of fruit, fresh preferred, for dessert. It is desirable at this meal to avoid taking fluids, but in hot weather, or in the absence of fruits, six to eight ounces of light wine may be taken.

Afternoon—The same amount of coffee or tea as in the morning, with at most, six ounces of water; an ounce of bread as an exceptional indulgence.

Evening—One or two soft boiled eggs, an ounce of bread, perhaps a small slice of cheese. Salad and fruit, six to eight ounces of wine, with four to five ounces of water.

The majority of cases so-called of idiopathic peritonitis in children will be found, upon inquiry, to be traumatic. Slight injuries of the abdominal contents are relatively more dangerous in children than in adults. Acute peritonitis in children, while apparently idiopathic, is often secondary to perityphlitic inflammation, which runs a rapid course and extends to the general peritoneum, without the intervention of appreciable local changes. The profound prostration and cardiac inhibition characteristic of peritonitis are in a great measure incidental to tension of the peritoneum produced by inflammatory products, with consequent reflex inhibition.—*Dr. G. Frank Lydston.*

WORTH KNOWING.

Corns can be removed by soaking them for thirty minutes, several nights, in hot suds, and anointing them mornings with vaseline or lard. As the corn softens, scrape it off. Some very hard corns may need touching a few times with diluted nitric acid—three parts of the acid to one of water. Wet a blunt end of a small stick or soft wood with the acid and hold it upon the corn about a minute. Repeat, if necessary, until the corn is softened. If used in a similar manner the caustic will remove warts.

To bark like a dog, to snap at those near by, and even to run about on all fours, are among the most prominent symptoms of false hydrophobia; the patient being imbued with the idea that the hydrophobic virus which he imagines has been absorbed into his system is calculated to assimilate him to the animal by which he has been poisoned. Now, such symptoms are never witnessed in true hydrophobia, and their presence is amply sufficient for a discrimination between the two affections. A little knowledge is a dangerous thing; and this is especially true of the sciolism which prevails relative to hydrophobia.—*Dr. Wm. A. Hammond.*

Death from Cocaine.—Professor Kalomnin of St. Petersburg, recently administered to a young woman nearly twenty-four grains of the hydrochlorate of cocaine in four rectal injections, in order to remove a tuberculous ulcer of the rectum. The anæsthesia was even then only partial. The pulse was rapid. After forty-five minutes the pulse became very feeble, the respiration labored, and the face and hands became livid. Notwithstanding every effort at restoration, including faradization, artificial respiration, subcutaneous injections of ether and ammonia, stimulating enemata, and inhalation of oxygen, death followed from the toxic action of the cocaine.—*Medical Times.*

In a short communication on the dress of the infant Dr. Weller condemns the use of the abdominal bandage. It causes discomfort by preventing the elastic abdominal wall from accommodating itself to the varying conditions of the intestines. A baby is usually subject to flatulence, and, if not bandaged, rarely suffers any inconvenience from it, because the elasticity of the walls allows the flatus to move freely through the intestines. He thinks a little reflection will show that the band favors rather than guards against rupture, notwithstanding the teaching that it is a preventive against this evil. The band protects the stronger parts, and not only leaves the weaker unprotected, but endangers them by throwing upon them the whole force of any concussion, as from sneezing or coughing.

The permanent teeth are cut in the following order:

1. Four first molars, five to six years.
2. Four central incisors, six to eight years.
3. Four lateral incisors, seven to nine years.
4. Four first bicuspids, nine to ten years.
5. Four second bicuspids, ten to twelve years.
6. Four canines, eleven to thirteen years.
7. Four second molars, twelve to fourteen years.
8. Four posterior molars (or "wisdom teeth," not entering into this study), seventeen to twenty-one years.

It has been found that bacteria of no kind can be grown in wool-fat, which cannot be said for ordinary fats, such as lard. Thin layers of different kinds of fat were poured over the surface of gelatin in test-tubes, and each tube, with its contents, was thoroughly sterilized. After a few days, solid substances known to contain anærobiotic bacteria—for example, garden mold and old cheese—were dropped upon the fat. The constant result was that bacteria rapidly developed in lard, and extended to the gelatin, while in the wool-fat glasses the gelatin remained perfectly clear.

Vaginalis occurring before puberty is most frequently seen in strumous or sickly children. Uncleanliness, the presence of seat-worms, masturbation, the exanthemata, gonorrhœal infection, and infection from a purulent ophthalmia, all hold a causal relation. The local treatment consists in frequent douches given by a small hard rubber syringe, using boracic acid or a five per cent. solution of tannin. The excoriated external genitals are protected by some emollient ointment. Ascarides will need to be dislodged by a cathartic, and by rectal and vaginal douches of lime, water or infusion of quassia. Care must be taken that the discharge is not communicated to the eyes.

Almost every type-writer sooner or later has trouble with her eyes. The typewriting machine is supposed to save the eyes, but the effect is quite the contrary. The eyes are all the time in motion while writing, and the rapid jerking of the eye from one point to another on the little keyboard soon tires the muscles and makes the eyes and sometimes the whole head ache. Then a great many girls have the habit of turning up the carriage to see what has been written, and leaning back in the chair while reading it. This, too, is bad, for the reason that it requires a rapid adjustment of the eye to the different distances, and so tires the whole organ. The only way to save the eyes when using a typewriting machine is to acquire such facility that it is not necessary to look at the keyboard, and the eyes will be saved the thousands of little jerks to and fro which do so much harm.

The prognosis in acute oöphoritis should always be guarded. The promise of a complete recovery will rarely, if ever, be fulfilled. Death from general peritonitis—a sequence of perioöphoritis, or rupture of an ovarian abscess—is a danger which always exists during active symptoms. Recovery from the acute attack may take place, and all inflammatory symptoms subside, but there remains within the perioovarian tissue a susceptibility to renewed inflammation, which will cause recurrent attacks upon the slightest provocation. The formation of adhesions, displacement of the ovary by the same, and changes in its parenchyma, interfere with or destroy it functionally. An after history of menstrual disorder of some kind is almost inevitable. Sterility must be expected when both ovaries are implicated.

The Crede method is said to save time, and it is too often employed for that purpose if the time of the obstetrician is limited. When the second stage of labor has been accomplished, this—perhaps the most exhaustive work of all—leaves the uterus wearied, and *rest* is required for an accumulation of power. After a period of repose of variable length, corresponding to the amount of exhaustion or the recuperative power of the patient, a feeble contraction occurs, then a stronger one, as power returns, thus progressing until, portion by portion, the placenta is gradually separated and finally expelled. When the uterine contractions are well developed and continued for a length of time without expulsion, then there is undue adhesion; then the conditions are not physiological but pathological, and something is required to aid the normal power in removing an unusual obstacle. In these cases the Dublin Credé method is a most valuable aid.—*Dr. Tye.*

The evidence is very conclusive that the syphilitic infection has originated in the following ways: (1) By means of chewing-gum; (2) by one man to another, by means of an unnatural practice; (3) probably from a cadaver; (4) by means of a caustic-holder; (5) by means of a handkerchief; (6) probably from a bathing-suit; (7) probably from a syringe; (8) probably by means of a pair of drawers; (9) by means of adhesive plaster, or through dressing of a wound; (10) probably contracted in a water-closet; (11) probably from a conductor's whistle; (12) probably from a tongue scraper; (13) probably from a towel; (14) probably by means of a pillow; (15) probably from a razor; (16) by means of the fingers. All the foregoing cases carried with them important lessons, and many of them should teach physicians that, besides treating their syphilitic patients, they should explain to them how they might become foci of infection, and make clear to them the means of preventing that great disaster to others.

Hypodermic Syringes whose canals have become obstructed so that a fine wire cannot be drawn through, are cleaned by holding them for a moment over a flame; the foreign substance is thus quickly destroyed and driven off. If a wire has been rusted into the needle it should be dipped in oil before holding over the flame. To remove the rust from the interior of the cannula it is well to pass oil through the cannula, then heating it; then rinse it out in alcohol. The needle is then ready for use.

Acne.—1. The presence of acne on the face should always suggest to the physician that there is something wrong with the stomach, either dyspepsia or dilatation of the organ, which must be overcome before the acne can be cured. 2. The dyspepsia prepares the soil for the growth of the seed that produces the acne, such seed always requiring a seborrhœal soil for its growth. The seborrhœa is caused by the elimination through the glands of the skin of the products of imperfect digestion. 3. The acne itself is due to the deposit upon the seborrhœal skin of germs contained in the air. 4. Acne is contagious and self-inoculable, and therefore probably parasitic. 5. If a person once has acne, it would seem that the acne germ continues constantly upon the skin, and, though it may remain latent for a time, it is apt at any moment to become active. 6. The treatment should consist in surgical procedures for the individual lesions, and of antisepsis of the skin, stomach and intestines.

The preservation of cadavers is thus accomplished at the Anatomical Institute of Bordeaux: Reduce 20 lbs. of sodium borate (the crystaline, containing 10 equivalents of water, i. e., borax) to a fine powder which will pass through a No. 60 sieve, and putting it into a vessel of proper size, pour on it, a little at a time, and thoroughly mix it with 34 lbs. of glycerine of 30° B. heat, at a temperature of 80°C.(=176°F.) until solution is complete, and strain through a piece of flannel. The resultant fluid, is of syrupy consistence which it would be very difficult to inject into the smaller vessels, but this difficulty is obviated by the addition of sufficient alcohol to bring it to a proper consistency. The bodies are then injected with this fluid, either by the carotid or femoral artery. Bodies upon which autopsies have been held must be treated somewhat more elaborately. After injecting by each femoral and brachial artery, the body is placed face downward in a vat of the fluid (alcoholized as before) and left therein for 24 hours. It is then in a condition in which it will remain unaltered for a very considerable time. The fluid may be used over and over again if, after each time that a body has been immersed therein, it is filtered through animal charcoal, and fresh borax crystals in excess are added. After standing 24 hours it is again ready for use.

SURGICAL NOTES.

Most felons can be cured in a few days by keeping the diseased part constantly wet with tincture of lobelia, beginning its use as soon as the pain begins.

One of the most prominent surgeons of Berlin, Professor Bergman, recently performed an operation, or rather two of them, which are probably without parallel. Two cases happened to come to him simultaneously for attention. One of these required amputation of the hip joint, the other excision of diseased bone tissue from the humerus. He performed the amputation first, removing a part of the femur. He then removed the dead bone in the other patient's arm, and filled its place with the portion of the femur removed from the first. The operation was entirely successful, and perfect union of the bones took place.

The rules for the proper treatment of accidents during anæsthesia can be summed up in a very few words:

Avoid the use of all drugs, except strychnine, digitalis and ammonia.

Give the tincture of digitalis hypodermically.

Draw out the tongue, and raise up the angle of the jaw, and see that the respiration is not mechanically impeded.

Invert the patient briefly and temporarily.

Use forced artificial respiration promptly, and in protracted cases employ external warmth and stimulation of the surface by the dry electric brush, etc., and above all, remember that some at least, and probably many, of the deaths which have been set down as due to chloroform and ether have been produced by the alcohol which has been given for the relief of the patient.—*Dr. H. C. Wood.*

Scalp-Wounds, or other wounds, which are of sufficient length to gape much, should be stitched with silk. Stitching is more certain to keep the edges of the wound together than adhesive straps, and the sutured parts will admit of applications which would detach the straps. There is no good reason for the advice which has been given about removing stitches in about four days. Nature will remove them, without injury, in due time. If the wound is moistened about every three hours with tincture of myrrh, it never will manifest any bad odor, and usually there will be no suppuration. When the cloth which is in immediate contact with the wound adheres, it should not be forcibly removed. Nature will as wisely dispose of the artificial scab as she does the stitches, without the aid of an officious surgeon. One of the offices of the myrrh is to aid in forming a scab which protects the wound from the air.

A successful treatment for ingrowing toe-nail is this: Saturate an old thin piece of cotton or linen cloth, the size of a one-cent or two-cent coin, with a mixture of glycerine one and a half ounces, tannic acid fifteen grains and water half an ounce. Put the saturated cloth over the end of a table-knife, not sharp enough to cut it, and then insert it under the corner of the diseased nail. Before inserting the cloth, the offending corner of the nail should be lifted up a little with the blunt knife, after the toe has been thoroughly soaked in hot suds. The cloth should be removed, and a new one inserted once or twice a day; and the treatment continued until the corner of the nail has grown over the flesh. High heeled shoes and those which are tight about the toes must be discontinued.

The dry operation, in surgery, consists essentially in keeping all fluids from the wound. The instruments are boiled and preserved in boiled water to which some carbolic acid has been added, the hands are cleansed after Furbringer's method. From the commencement of the operation, the incision and the surrounding parts are kept dry by pledgets of sublimate gauze, and the bleeding thus reduced to a minimum. After the operation has been completed the wound is firmly tamponed for a few minutes with gauze, and on removal of this the wound is found perfectly dry, and in the most favorable condition for primary union. The wound is then sutured and covered with a moderately firm compress. The advantages of this method are that all wetting and cooling of the patient is avoided, the hemorrhage is slight, and the duration of the operation is shortened. Healing is rapid, and unattended by inflammation or retention of the wound secretions.

To wash out the bladder without the use of a catheter, make use of a rubber tube attached to an irrigator filled with lukewarm antiseptic fluid, on the end of which is a mouth-piece, wrapped with antiseptic gauze and covered with vaseline, to render insertion into the orifice of the urethra more readily performed. The tube is filled with liquid, and air allowed to escape, and then inserted for about half an inch within the urethra. Immediately before the operation the patient must first empty the bladder, and is then placed upon his back, with the legs separated and flexed upon the pelvis, the hips being somewhat raised; the end of the tube is inserted into the urethra, and held fast with the fingers, and the fluid allowed to enter. Within one or two minutes, it is stated, the sphincter of the bladder relaxes, and after three minutes the liquid enters the bladder. The pressure may be regulated by the height to which the irrigator reservoir is elevated. After the removal of the tube, the patient may readily empty his bladder of the fluid introduced, which may amount to a pint or more.

Removal of Moles. The hairs are cut off as closely as possible with a very fine pair of scissors, and the mole is then painted over with sodium ethylate, a fine glass rod being used. When the mole has a varnished look the ethylate is gently rubbed in with the glass rod, to make it penetrate more deeply into the hair follicles. The mole has quite a black look when the operation is over. A hard crust forms over it, which is nearly three weeks in becoming detached. When it comes off, the hairs are seen to be destroyed, and the surface of the mole has a smooth, somewhat cicatricial appearance, of a much lighter color than before; and this favorable condition continues until the mark is scarcely noticeable.

Carbuncles may be best treated by carbolic acid, by making stellate incisions and placing between the lips of the wound charpie soaked in solutions of carbolic acid. Still better results would be obtained were the carbuncle to be early circumscribed by parenchymatous injections of a dilute solution of this acid. But a less severe method than either, and as efficient is that of Prof. Verneuil, of Paris, who, though a surgeon, believes that surgical interference with carbuncles and boils is rarely called for. He uses a spray of a two per cent. solution of carbolic acid, allowing it to play for twenty-five minutes upon the phlegmon from the distance of ten or twelve inches. The surrounding parts should be protected from the spray during its application. Verneuil uses an atomizer run by an alcohol lamp. One application is usually sufficient to promote resolution in a boil.

[A still better method is to inject strong carbolic acid into the center of the carbuncle by means of a hypodermic needle.—Ed. Era.]

Fatal hemorrhages after tonsillotomy, have been recorded. Mackenzie, in his very interesting account of the history of the operation, remarks that Velpeau has reported four fatal cases in which the internal carotid artery was laid open whilst a portion of the tonsil was being cut away with a bistoury, and a few years ago Mr. McCarthy successfully tied the common carotid artery, at the London Hospital, in the case of a patient suffering from continuous hemorrhage after excision of a tonsil. Mackenzie also says that even when the carotid has not been injured, continuous bleeding may end one's life, and that he had such an experience. Since then, however, with the use of his tannic-gallic acid gargle, he has had no trouble in checking hemorrhage. The formula consists of tannic acid, six drachms; gallic acid, two drachms, distilled water, one ounce. Half a teaspoonful of this sirupy fluid is slowly sipped, and, in the act of swallowing, this powerful astringent is pressed into the cut surface, and is very effectual.

OPINIONS EXPRESSED.

Half-a-dozen different and distinct conditions are embraced in the name cellulitis.—*Dr. S. F. Hedges.*

In a great majority of cases a diagnosis of neurasthenia is little more than a humbug.—*Dr. J. W. Dowling.*

Continuance of menstruation after removal of both ovaries is due to remnants of ovarian stroma left in situ.—*Dr. Englemann.*

It is necessary to have a knowledge of pathology in order to get the totality of the symptoms.—*Dr. Pemberton Dudley.*

In cancer, if we wait for the classical symptoms, pain, hemorrhage and offensive discharge, we have waited too long for our patient's good.—*Dr. J. W. Streeter.*

America excels in surgery, midwifery and dentistry. What the Germans know about dentistry they learned from America.—*Prof. Virchow.*

We rarely have a case of dysentery without some vesical irritation; we never have decided tenesmus vesicæ without rectal symptoms.—*Da. A. L. Monroe.*

It is claimed that nearly all the cases of alleged recoveries from tubercular meningitis are really cases of recovery from congenital syphilitic brain disease.—*Dr. Clarence Bartlett.*

All of woman's energy is concentrated upon the preservation of life, which cannot be preserved, and which the doctors promise the fools of both sexes to save.—*Count Leo Tolstoi.*

Whenever there is dilatation of the right heart, attention should be directed to the liver, for trouble would be frequently found there.—*Dr. B. A. Arnulphy.*

Chronic Diseases are developed in one of two ways: Either as the result of a long-lasting impression much upon certain nerve-centers by some powerful influence, or by slight disturbing causes long continued.—*Dr. E. Laning.*

A point in differential diagnosis between cancer and hyperplastic cervix with fissure is that in the latter the mucous membrane is movable over the cervical tissue, while in cancer it is generally fixed.—*Dr. J. W. Streeter.*

Brow presentations are still fraught with difficulties, and the prognosis of the same is less favorable than face presentations. In their treatment by extension, they may be converted into face presentations, or by flexion into vertex presentations.—*Dr. T. Griswold Comstock.*

SOCIETY PROCEEDINGS.

Annual Meeting of the Homœopathic Medical Society of the State of Pennsylvania.

This Society held its twenty-sixth annual meeting in Philadelphia, September 17, 18, 19, 1890, under the presidency of Dr. C. F. Bingham, of Pittsburg. The meeting was well attended, and a great many carefully prepared papers were read.

The social feature consisted of a banquet at the Hotel Bellevue, the evening of the 18th. The newly elected officers are:

President, Dr. August Korndorfer of Philadelphia; First Vice-President, Dr. E. C. Parsons of Meadville; Second Vice-President, Dr. Millie J. Chapman of Pittsburg; Treasurer, Dr. J. F. Cooper, of Allegheny; Corresponding Secretary, Dr. E. R. Snader of Philadelphia; Recording Secretary, Dr. J. Richey Horner of Allegheny; Necrologist, Dr. W. J. Martin of Pittsburg; Censors, Dr. Joseph E. Jones of West Chester; Dr. Sarah J. Coe of Wilkesbarre, and Dr. Clarence Bartlett of Philadelphia.

Homœopathic Medical Society of the State of New York.

This Society met in its thirty-ninth annual session in the City Hall, Brooklyn, N. Y., September 30, 1890. The officers were: President, George M. Dillow; Vice-presidents, N. B. Covert, J. M. Lee, W. B. Gilford; Secretary, John L. Moffet; Treasurer, A. B. Norton; Necrologist, H. D. Schenck.

Dr. Dillow's address, which had been looked forward to with great interest, more than met the expectations of the members, and his sentiments were indorsed by frequent applause. In its course he referred to the well-known habit of cajolery which is often employed by other schools when dealing with homœopathists, but said that the futility of this course was amply proven by the prosperous condition and the enviable history of the latter school. The attention of the delegates was called in the paper to the earnest and fruitful labors of the homœopathic school in the work of bringing before the legislature for consideration the need of making college graduates amenable to a state criterion before permitting the practice of medicine. Although the homœopathic school has often been twitted with the charge of sectarianism, this charge had been proven by their most eminent doctors unjust and undeserved. The paper stigmatized the efforts of the allopaths to impose their own rules and conditions on other schools, and advocated a state arbitrament for the settlement of all differences. It set forth in decided terms the resolution of homœopaths to take an organized stand for the good of medicine, and called on the principle of the survival of the fittest for the vindication of their course.

A paper on "The Care of the Insane," by Dr. Selden E. Talcott, superintendent of the Middletown Lunatic Asylum, was an earnest plea for homœopathic treatment of the demented, and an appeal to the followers of the school to stand against the encroachments of the allopaths. Dr. Talcott said:

It is a recognized and accepted axiom among alienists that early treatment for the insane is the most successful. But in addition to the natural opposition of families to sending those of their members who are becoming insane to hospitals for treatment, we have now superadded to these fears as a mighty obstacle to early treatment the cast-iron restrictions of the law. While the names of our public institutions have been changed from asylums to hospitals, the law, as interpreted, positively and unequivocally forbids the admission of a mental invalid to one of our State hospitals until he has had duly stamped upon the lintels and doorposts of his earthly tabernacle the legalized inscription "Lunatic." The alleged object of this precaution is to protect the sane from being locked up in lunatic asylums. Whence springs this pernicious idea that the sane need protection against the danger of hospital treatment? It springs from a deadly creeping fear that pervades the mind of the individual who is already taking a stroll upon the borderland of insanity. As a matter of fact, there are about as many sane men locked up in our insane asylums, by due process of law, as there are devils within the golden gates of heaven. There is no more danger that sane men or women will be locked up and kept unjustly and unwisely in our State hospitals than there is danger that the hosts of Satan will successfully storm and march through the closely guarded portals of Paradise.

Dr. H. M. Paine spoke at length on the State asylums, and appealed to his colleagues to take a decided stand for homœopathic treatment in these institutions in cases where it was desired by the patients.

Dr. John L. Moffat read a paper on his favorite method of treating "In-growing Toe-nail."

Wednesday evening, October 1st, the members of the society sat down to a banquet at the Clarendon, with more than a hundred at table. In response to the toast, "The Homœopathic School of Medicine: Its Relations to Medical Progress," Dr. W. S. Searle, of Brooklyn, made the following remarks:

What the homœopathic school has done for the elevation of the standard of medical education in this country embraces nearly all that has been attempted in this direction by physicians of any name or title.

To some laymen this will doubtless appear a

most surprising assertion, but it is true and susceptible of proof. I appeal to medical history.

In 1868, twenty-two years ago, I presented to the legislature of this State the draft of a bill for the creation of State Boards of Examiners in medicine—an institution long and favorably known in Europe, but never before exploited in America. In 1870 I made this bill the text of the annual address. My project was approved by this Society, and a committee appointed to further the measure. The bill was first passed in 1871, but was vetoed. Repassed in 1872, it became a law. We at once demanded a Board under this act, and a year or two later the old school felt it necessary to follow our example.

There were several reasons why this measure proved abortive in this State. It was a new thing, and not all the force, influence and tactical ability of a Gray or a Watson or a Paine, or of our other co-laborers could at that time obtain such a law as we desired.

But the seed thus planted took speedy root, and to-day there are efficient Boards in twelve of our United States. To these are soon to be added effective successors in New York under the law of last winter. So that this whole movement—this great stride to medical reform—stands to the credit of the homœopathic school, unaided, not only, but opposed, by the old regime.

In 1889 Dr. William H. Watson, a member of this Society and one of the Regents of the University of this State, presented to the latter body a bill providing for the preliminary education of medical students.

Hitherto, be it said to the shame of our civilization, the veriest ignoramus might step from the barnyard into the medical college, and, if he only paid his professional fees, in two years could take his stand in the ranks of what, with exquisite irony, was called a learned profession.

Dr. Watson's measure was heartily indorsed by the regents, and by them presented to the legislature. So obviously proper was it that it at once became a law, and it still stands upon our statute book, though most disgraceful efforts to repeal it have emanated from one of the old school medical colleges of New York city.

Another star in the crown of honor which graces the brow of homœopathy.

Our colleges, too, have always been pioneers in all that contains a thorough and exhaustive curriculum as well as impartial examinations.

The Homœopathic Medical College of New York City was the first medical school in America to adopt a three years' graded course of instruction, and for ten years was the only college in that city which insisted upon this advance in medical education. Its students have always been graduated upon the examination of a Board of Censors, wholly distinct from the teaching faculty. So high and consistent has been its record as to provoke from a prominent member of the old school State Society the declaration, upon the floor of that body, that if this institution would only abandon its distinctive name, it would be the model medical college of America. I have not heard that the compliment has either turned its head or changed its title.

Some years ago the Inter-collegiate Committee of the American Institute of Homœopathy—a committee composed of representatives from every homœopathic college in the land—recommended to that body uniform educational standards. They were heartily indorsed by the Institute, and in accordance therewith, from and after the fall of 1892, each and every homœopathic college will not only demand a four years' course of study, including three full terms of lectures of six months each, but, unless the matriculant can exhibit the diploma of a bachelor of arts or its equivalent, he must pass an examination embracing:

1. English composition, as exhibited in an essay containing 200 words.
2. Arithmetic to square root.
3. Geography, physical and political.
4. The history of modern civilized nations.
5. The translation of Latin prose.
6. Physics.
7. Biology and physiology.
8. Chemistry.
9. Botany.

All this, be it remarked and remembered, while Bellevue and other old school medical colleges have abandoned their brief trials of the three years' course, because their revenues were lessened by the desertion of students for places where the pasture fence was lower, and while, for the same unworthy reason, these self-conceited "regulars" are begging our legislature to repeal the law demanding preliminary qualifications.

Nor is the ambition of our school yet satisfied. We hope and look for a day when there shall be a National Board of Examiners, for a higher and more distinctive degree and title than that of Doctor of Medicine—"State Physician and Surgeon," an examination to which no candidate shall be admitted without having already earned the degrees of bachelor of arts and doctor of medicine. An examination which shall be broader and deeper and higher and more practical than any which now exists in any country; an examination from which therapeutics—the hereditary and perennial battle ground of doctors—shall be excluded, thus destroying all distinctions of schools in medical art.

Is this a dream?

Well, we shall see.

Time fails me to speak of our hospitals and

dispensaries and their successes, and of the three State asylums now under our charge, especially of that presided over by our own Talcott, whose record of cures is at once the envy and despair of the old school.

Surely we have to-night great reasons for congratulation and pride.

In conclusion, permit me to offer you this sentiment:

The homœopathic school of medicine in the past, the present and the future, the friend and firm ally of medical progress.

Southern Homœopathic Medical Association.

This association will meet in its seventh annual session at Birmingham, Alabama, Nov. 12–14, 1890. It promises to be one of the largest and most enthusiastic meetings that the association ever held. The attendance from Western cities will be unusually large.

This meeting will be of especial interest and importance, because of matters connected with the subject of medical legislation, which will claim a large share of the attention of the meeting. In the South much remains to be done to secure the action of laws which shall be just and equitable, and the Southern Association is the medium through which the greater part of the work will be accomplished.

The appeal which is made should reach every one:

"Holding a meeting of this Association in a section of country sparsely settled with homœopathic physicians, who are meeting with legal proscription, partakes of the nature of pioneer or missionary work, and we not only need your assistance and co-operation, but it is your duty to rally around the flag of *Similia* and aid us in commanding and maintaining a position in the medical arena of the South."

The meeting is under the presidency of Dr. E. Lippincott, of Memphis, Tenn., with Dr. A. E. Meadow, of Blocton, Ala., as secretary.

When dismissing our patients, we are not always sure that they will return to us for future treatment. In the course of time many will get into other hands. Some remove to distant localities, and find it inconvenient or not to come again. Others, by nature, are inclined to wander and fond of making changes. Some seek change with a view to economy; others perhaps from a lack of confidence or a fancied neglect. Some fail to return because bills for former operations remain unpaid, and all such parties are usually ready to misrepresent or malign those whom they have defrauded.—*Dr. C. E. Francis.*

CORRESPONDENCE.

Dr. Wood's Letter from London.

London, September 15, 1890.

Dear Era:

Since last writing I have spent some little time in both Vienna and Paris, visiting hospitals and clinics in these two renowned medical centers. Inasmuch as your readers are undoubtedly familiar with the general scope of medical work in both of these cities (the operative details do not differ essentially from those observed throughout Germany), I will not consume valuable space with a repetition of what I gave in my last letter. I was disappointed in not being able to see the work of Apostoli, the great disciple of electrolysis in fibroma. Those who have watched his work, however, and who have conversed with him, say that he does not claim for his method anything like as much as do many of his followers, particularly his American followers. Even Keith, of London, is much louder in his praises for Apostoli's method than is Apostoli himself. Keith is pretty much the only specialist of any reputation in England who is using it, and, strangely enough, Keith's record as a hysterectomist before he discarded the knife in fibromata was the very best. It hardly seems probable, with the data furnished by such men as Bantock, Thornton, Tait, Leopold, and many others, that electrolysis will ever supplant the knife in dealing with these formidable and adventitious growths. If there is one precept in surgery of greater importance than all others, it is to remove all possible causes of septic invasion, and close all avenues through which it is possible for septic germs to enter the system. The majority believe that the principle of electrolysis from this standpoint is wrong, for suppuration is liable to occur in the hands of even the best electricians when the powerful currents of Apostoli are used; hence the danger. As a therapeutic, instead of a destructive agent, it is of undoubted value, and its usefulness will soon be definitely determined.

In my first letter I promised to tell you something of homœopathy in Europe and its progress. I will commence by stating that so far as the *personnel* of the European homœopathic profession is concerned, it would be very hard to find a more intelligent or more enthusiastic lot of workers than those composing the ranks of our European colleagues, and particularly in England. I say particularly in England, because by personal contact and acquaintance I know much more of our English *confréres* than of our Continental. I make this statement, not because I want to indulge in fulsome praise, but in order to show that notwith-

standing this fact, homœopathy in Europe is nearly fifty years behind the progress made in America, and to draw a moral therefrom.

Permit me to remind those of my American co-workers who are willing to submit to the *single* examining boards with a minority representation, that this is the mill-stone around the neck of homœopathy in Europe. In England, for instance, the entire licensing power is in the hands of the old school, the colleges being deprived of the right of conferring any degrees. The result is ruinous so far as homœopathy is concerned, for, with an allopathic board to pass, students with even a predilection for homœopathy before commencing the study of medicine, hardly dare do so under a homœopathic preceptor, because he will fall a victim to that prejudice which excludes American homœopaths from the ranks of our army and navy service. Consequently all recruits must come from the ranks of *regularly* educated allopathic physicians; and from our own national experience we know something of the difficulties in weeding out preconceived prejudice, particularly when it is driven in with sledge-hammer blows, as it is in the ordinary so-called regular school. Bearing upon this point, a well-known and prominent English *confrére* tells me that he has two brothers in the profession, both younger than himself, both reared in the doctrines of homœopathy, and both entering upon the study of medicine under his direction; but under the *régime* of an established English school neither will now even investigate the law of similars because of their prejudice. With observations of this kind it is not a little exasperating to find homœopathic physicians in our own blessed America sending, not only their students, but their *sons*, to allopathic institutions, under the mistaken impression that a *regular* diploma will be of much more advantage to them, and that the teaching is more thorough. But a few weeks ago a prominent Western homœopath, himself a graduate of one of our oldest homœopathic colleges, and one who owes all that he has gained in a professional way to homœopathy, used this identical argument in declaring to me that he intended sending his son to an allopathic school next year.

Again it was my pleasure to meet and to become intimately acquainted with a son of a prominent Eastern homœopathic physician, whose home is under the very eyes of one of our oldest and best schools, but who, under the advice of his father, entered and graduated from Harvard. The result is an unknown quantity. He has but little faith in medicine in general, and less, if any, in homœopathy. I maintain that with the many excellent homœopathic colleges in the United States there is no excuse for this sort of thing with us, whatever there may be in Europe. I know from personal experience that a homœopathic degree does not in the least deter one from availing himself of every possible advantage, either in the United States or in Europe, in post-graduate work, and this overcomes the only possible excuse. Let us be loyal to our profession and loyal to ourselves, our own institutions, and keeping our necks from without the "single-examining board" loop, which our old-school friends are so anxious to tighten, and which has played sad havoc with homœopathy all over Europe.

Notwithstanding these almost insurmountable obstacles, homœopathy is making slow but steady progress in nearly all parts of Europe, and especially in England. Its votaries consist of many of the first families, and even royalty itself takes its little pills on the sly—when it can do so without the knowledge of the *Court* physician. Homœopathic hospitals and dispensaries are to be found everywhere, and a new $250,000 hospital will soon be built in London. The present building on Great Ormond street is entirely too small. With names such as the Duchess of Teck, the Duke of Beaufort, Lord Ebnoy, the Duke of Westminster, and many others equally as prominent, upon the roll of patrons and managers, there can hardly be a failure. And all this has been and is being accomplished by an earnest band of workers under circumstances which we in our newer country have overcome, and which, let it be hoped, will some day be overcome in Europe.

I sail for New York September 17th, on the steamship "Majestic," of the White Star Line. My somewhat prolonged visit in the Old World has been most enjoyable and profitable. Of the many friends to whom I am indebted for generous and unstinted hospitality I cannot refrain from especially mentioning the names of Dr. Dyce Brown, Dr. A. C. Pope, Dr. Hughes, Dr. Dudgeon, Dr. Edward Blake, and Sir Spencer Wells of England, and Prof. Leopold of Germany. I had the pleasure of being entertained in the homes of all of these gentlemen, and their professional reputation is only equaled by their generous and warm hospitality. I shall take to America with me nothing but the most pleasant remembrances of the Old World, and particularly of "Merry Old England."

James C. Wood.

The New York Homœopathic Sanitorium.

This institution was opened October 1st, with all rooms filled but two, an auspicious beginning which is a guarantee of success. It is located at 137 West 34th St. All appliances for the skilful treatment of the sick have been provided, and physicians having patients to send to a sanitarium for treatment may with confidence recommend them to this institution.

"MIND READING." SOCALLED.

The Performance.

Mind-Reader P. Alexander Johnstone drove blindfolded from the Auditorium Hotel to the Grand Pacific, yesterday afternoon, and picked out of an old register a name that had been selected for the test by a committee. It was a similar feat which killed Washington Irving Bishop in New York, and it nearly killed P. Alexander Johnstone.—*Tribune, Chicago, Sept.* 11, 1890.

The Exposure.

If P. Alexander Johnstone is not a fraud, he is a most remarkable young man. Dr. Gatchell followed him on his trip through the streets, and is confident the alleged mind-reading was fraudulent. Yesterday he showed a *Tribune* reporter how the young man from St. Paul does the trick. He did it more easily and better than Johnstone had done it.—*Tribune, Chicago, Sept.* 30, 1890.

The exposure of the mystery of "mind-reading," as practiced by Johnstone, has tumbled another idol from its pedestal, and broken it all to bits. The performance is shown to possess no greater mystery than is concerned in a sleight-of-hand "act" on the stage, and in fact requires far less ingenuity and paraphernalia than are needed for the average trick done by Hermann and a host of other less celebrated prestidigitateurs who have at different times ministered to the amusement and mystification of a Chicago public.—*Editorial, Tribune, Chicago, Oct.* 2, 1890.

P. Alexander Johnstone is a skillful deceiver of guileless persons, but is not a mind-reader. Dr. Charles Gatchell duplicated all his tricks with the utmost ease, and explains how they are accomplished.—*News, Chicago, Oct.* 1, 1890.

And now another Chicago mind-reader comes to the front. Dr. Charles Gatchell of this city even surpasses the feats of P. Alexander Johnstone, for he not only duplicates his performances but also explains how his work is done. He offers to present the St. Paul "mind-reader" a certified check for $500 if he will step forward and prove that he is not a trickster.—*Mail, Chicago, Oct.* 1, 1890.

Dr. Gatchell made these offers: I will pay him $500, or I will hand it over to a charitable institution, if he repeats his performance of Sept. 10, and lets me do the blindfolding. Or, if he will repeat the performance I will do it after him with the same committee, or forfeit to him $500. Or, I will forfeit $500 if he will "read" a single word in my mind under simple test conditions.

The doctor left at the *Tribune* office a check for $500. Whenever Mr. Johnstone wants to make the trial Dr. Gatchell will write a name on the back of the check and pin the check to the wall. Then if Paul Alexander Johnstone writes the name on another piece of paper he can take the check and place it in his waistcoat pocket.—*Tribune, Chicago, Sept.* 30, 1890.

The Verdict of the Press.

If Mind-Reader Johnstone has any facilities for reading the public mind he will see that any further delay in capturing that $500 of Dr. Gatchell's will be exceedingly disastrous to his fame.—*Tribune, Chicago, Oct.* 7, 1890.

The person who "manages" the mind-reader, Johnstone, replies to the offers of Dr. Gatchell by making a counter offer. This is dodging the issue. The doctor's money is up, and Johnstone can make $500 in two minutes by proving that he is not a fraud.—*Journal, Chicago, Oct.* 1, 1890.

If Johnstone is not a fraud, the test offered is a simple one. He should be able to perform the feat readily, and be $500 richer.—*Journal, Kansas City, Oct.* 2, 1890.

Dr. Gatchell's exposure has hit the mark, and the widely heralded feat of Johnstone was a piece of cheap jugglery.—*Journal, Sioux City, Oct.* 2, 1890.

Dr. Gatchell has challenged Johnstone to repeat his feats and allow the former to do the blindfolding, but the latter declines to accept any of the doctor's liberal propositions.—*Journal, Springfield, Oct.* 2, 1890.

"Mind-Reader" Johnstone has not yet captured that five hundred dollars offered him on easy terms by Dr. Gatchell, of Chicago.—*Tribune, Minneapolis, Oct.* 10, 1890.

Dr. Gatchell of Chicago, makes Mind-Reader Johnstone a fair offer.—*Eagle, Brooklyn, N. Y., Oct.* 3, 1890.

A Chicago physician has denounced Johnstone the mind-reader as a fraud, and has deposited a check for $500 with the *Tribune* which he has agreed to give the alleged mind-reader if he will perform a simple feat. The mind-reader refused to accept the challenge.—*Dispatch, Decatur, Ill., Oct.*, 2, 1890.

Dr. Gatchell of Chicago, gives a clever exposé of P. Alexander Johnstone's mind-reading feats, and challenges the young man to a test for $500. When Johnstone was confronted with the challenge he made various excuses and declined.—*Journal, Sioux City, Iowa, Oct.* 1, 1890.

BOOK REVIEWS.

Medical Diagnosis with Special Reference to Practical Medicine. A Guide to the Knowledge and Discrimination of Diseases. By J. M. DaCosta, M. D., L.L.D., Professor of the Practice of Medicine and of Clinical Medicine in Jefferson Medical College, Philadelphia. Seventh edition, revised. Philadelphia; J. B. Lippincott Company. 1890. ($6.00.)

"DaCosta on Diagnosis" has probably contributed to the education of more physicians than any other one book, unless it be Gray's "Anatomy." It is represented in translation in Germany, Russia, and France. It well deserves its high place as the standard work on diagnosis. The seventh edition, which has recently come from the press of the J. B. Lippincott Company, is a handsome volume of nearly a thousand pages, carefully revised and brought down to date. It is fully illustrated by woodcut engravings, and bound in a substantial manner. "DaCosta" needs no commendation. To state that this is the seventh edition is enough.

Essentials of Anatomy and Manual of Practical Dissection, Together withthe Anatomy of the Viscera. Prepared especially for Students of Medicine. By Charles B. Nancrede, M. D., Professor of Surgery and Clinical Surgery in the University of Michigan, Ann Arbor. Philadelphia: W. B. Saunders, 1890.

Nancrede's "Essentials of Anatomy" is now in its eighth thousand. It is well worthy the reception that has been given it. The illustrations, which number two hundred and ten, are so lettered and figured that any dissected part may be readily identified. The text is in the question and answer style, which renders it clear in its descriptive part, and thus easy to fix in the memory. No book of the kind with which we are acquainted equals Nancrede's "Essentials of Anatomy" for the purpose for which it is designed.

The October *Century* opens with a frontispiece portrait of Joseph Jefferson. The last installment of the autobiography accompanies the familiar face, an installment which the author considers the most important of all, perhaps because it contains, at considerable detail, his own final reflections upon the art of which he is an acknowledged master. It is doubtless whether such subtle and at the same time practical suggestions can be found elsewhere from a source so authoritative.

PERSONALS.

Dr. W. G. Birdsall has moved from Cornwall to Clintondale, N. Y.

Dr. J. E. Welliver has moved from Rushville, Ind., to Dayton, Ohio.

Dr. Chas. Deady has removed his office to 59 W. 49th St., New York. Hours, 9 to 1.

Dr. A. P. Bowman, of Le Mars, Iowa, has been elected Secretary of the Board of Pension Examiners.

Dr. J. Montfort Schley has been honored with the presidency of the new "New York Homœopathic Sanitarium."

Dr. A. N. Ballard, of Birmingham, Alabama, has been appointed President of the Board of Pension Examiners for his district.

Dr. Frank Titzell, of Ottawa, Illinois, was married to Miss Kittie McKeon, of Streator, September 20. Congratulations are in order.

Dr. Moses T. Runnel's able presidential address on "Health and Study," has been published in pamphlet form, and may be read with profit by every American physician.

Dr. A. Leight Monroe, of Louisville, will give a series of lectures on materia medica in the Pulte Medical College, Cincinnati. We congratulate "Pulte" on this accession to her faculty.

Dr. James C. Wood has returned from his five months' trip to Europe. His many friends, who have enjoyed his very interesting letters published in the Era, will be glad to know that he is again engaged in his labors in the University of Michigan.

A Homœopathic Physician can find an opening for practice at Smithport, McKean Co., Pa. For particulars, write to Dr. J. P. Dargitz, Wellsville, N. Y.

Grace Hospital.—The Grace Hospital, Detroit, invites applicants for position of assistant to the House Surgeon to make early application. Address Robt. H. Sillman, Superintendent.

The Homœopathic Pharmacy of Messrs. Boericke & Tafel, for many years located at 1035 Walnut street, Philadelphia, has been removed to 1409 Chestnut street; a few doors west of Broad street.

Middletown Insane Hospital.—The usefulness of this model institution will be much impaired by the ruling of the Commission in Lunacy, limiting the area from which patients may be received, and radically changing the method of assignment. The State Society, at its recent meeting, passed resolutions protesting against the injustice of the change, and resolving to take active steps to have the legislature correct the unfair ruling of the Commissioners.

THE MEDICAL ERA

COMBINED WITH

THE MEDICAL COUNSELOR.

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Requests for copies "not received" must be made within 30 days of date of publication.

THE MEDICAL ERA receives *no subscriptions* through pharmacies, "agencies," or other journals. *No exception to this rule will be made.*

North American Journal of Homœopathy.

In this issue of the ERA we reprint our article on "Uræmia," from the pages of our highly esteemed contemporary, the *N. A. J.* of *H.* Many readers of the ERA are also readers of the journal named, but there are many others who are not. To such we wish to say that the present is a favorable season to add it to their list, and we call attention to the "Special Offer," to be found on another page of the ERA. Every homœopathic physician in the country should take the *North American Journal of Homœopathy*, whether or not he takes any other journal. Its department of "Therapeutic Notes" is worth the price of a year's subscription to any busy physician.

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We are prepared to supply a strong and durable Binder for THE MEDICAL ERA. It possesses the following advantages:

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IF you want an ERA "Binder," send us an order for one by postal card, and we will collect the amount with your subscription.

ONE of Reed & Carnrick's extensive factories at Goshen, N. Y., was destroyed by fire on the 10th inst. This factory was devoted wholly to the production of their Soluble Food and Lacto-Preparata, and contained extensive and valuable machinery. They had considerable stock of these foods at their New York office, and consequently there will be no delay in filling orders. The factory will be at once rebuilt three times the size of the one burned, with machinery correspondingly enlarged.—*Dietetic Gazette.*

The Chicago, Milwaukee & St. Paul Railway.

A CHOICE LIST OF SUMMER RESORTS.

In the lake regions of Wisconsin, Minnesota, Iowa and the two Dakotas, there are hundreds of charming localities pre-eminently fitted for summer homes. Among the following selected list are names familiar to many of our readers as the perfection of Northern summer resorts. Nearly all of the Wisconsin points of interest are within a short distance from Chicago or Milwaukee, and none of them are so far away from the "busy marts of civilization" that they cannot be reached in a few hours of travel, by frequent trains, over the finest road in the Northwest—the Chicago, Milwaukee & St. Paul Railway:

Waukesha, Wis., where the American Institute of Homœopathy will meet June 16; Oconomowoc, Wis.; Minocqua, Wis.; Palmyra, Wis.; Tomahawk Lakes, Wis.; Lakeside, Wis.; Kilbourn City, Wis.; (Dells of the Wisconsin); Beaver Dam, Wis.; Madison, Wis.; Clear Lake, Iowa; Lake Okoboji, Iowa; Spirit Lake, Iowa; Frontenac, Minn.; Lake Minnetonka, Minn.; Ortonville, Minn.; Prior Lake, Minn.; White Bear Lake, Minn.; Big Stone Lake, Dakota.

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A TEXT BOOK OF GYNECOLOGY, designed for the Student and General Practitioner. By A. C. Cowperthwaite, M.D., Ph.D., LL.D., Prof. of Materia Medica and Diseases of Women in the Homœopathic Medical Department of the State University of Iowa; President of the American Institute of Homœopathy; author of "A Text-book of Materia Medica," "Insanity in its Medico-legal Relations," etc., etc. Price, in cloth, $5.00; sheep, $6.00.

DISEASES AND INJURIES OF THE EYE. A Practical Treatise on the Medical and Surgical Treatment of the Diseases and Injuries of the Eye. By J. H. Buffum, M.D., O. et A. Chir.; Professor of Ophthalmology and Otology in the Chicago Homœopathic Medical College. 428 pages. Containing 150 wood engravings and 25 colored lithographs. Cloth, $4.50. Postage, 20c.

THE PHYSICIAN'S CHEMISTRY. By Clifford Mitchell, A.B., M.D., author of "Student's Manual of Urinary Analysis," "Clinical Significance of Urine," "Practitioner's Guide to Urinary Analysis." 1886. 301 pages. Price, $1.75. Postage, 10 cents.

HOW TO FEED THE SICK. By Charles Gatchell, M.D., author of "Key-Notes of Medical Practice," "Treatment of Cholera," "Haschisch," etc.; Attending Physician to Cook County Hospital. Third edition, enlarged. Cloth, $1.25. Postage, 8 cents.

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GROSS & DELBRIDGE,
48 Madison St., CHICAGO.

THEY SAY

That "mind-reading" is a lost art.

That gas bills are written in long meter.

That the more some people look the less they see.

That an aching tooth may be little, but it's nervy.

That it is the height of sarcasm to call servants "help."

That leprosy now exists in almost every part of the world.

That the chief bone of contention is Adam's missing rib.

That if hops were a sedative frogs should be better sleepers.

That the queen of diamonds is too often the knave of hearts.

That a patient has no right to know what medicine he is taking.

That in this country of equal justice even a dead man has his rites.

That the man who is too full for utterance never knows he's loaded.

That the nation that rules the waves should muzzle the sharks.

That a fellow's nose might as well be broke as be without a scent.

That we cannot help our ailments, though we can help our faults.

That the world owes every man a living, but he must hustle to get it.

That deaf mutes have a great deal of information at their finger-ends.

That some men hide their talents under a bushel, and some under a thimble.

That lacerations of the cervix are most common after long and tedious labors.

That we all have strength enough to endure the misfortunes that come to others.

That doctors are great prevaricators when it comes to the amount of business done.

That when a man talks of "good-natured criticism," he means that which he himself gives.

That our boy didn't care when a wasp walked over his hand, but he yelled when it sat down.

That the number of people carried by all the railroads in the world averages 6,500,000 daily.

That the bald-headed man sighed because his hair was all gone, and not even a part remained.

That it is cowardly to speak evil of a man in his absence, and dangerous to do so in his presence.

That Chicago, with a population of 1,200,000 has not had a case of small-pox for more than a year.

That a man in Chicago named his boy Twice so that lightning would not strike him in the same spot.

That an Iowa physician reported to the board of health the death of a child from "colery in phantom."

That Jumbo's stomach was found to contain many English coins that children had dropped into his slot.

That a man in Pennsylvania has invented a fountain pen that gives down ink without being sworn at.

That the new professor of materia medica in "Pulte" should change his name to A. *heavy* Monroe.

That it is a good plan to make a habit of telling the truth, for if you don't people won't believe you when you lie.

That nature understood pretty well what a cat would have to go through when she endowed her with nine lives.

That man proposes—and then goes home and wonders how he managed to make such a fool of himself over it.

That a man died the other day from exhaustion due to his trying to follow the "health hints" that he read in the newspapers.

That, after all, the only way to avoid trouble, escape hardships, dodge calamities, and all that sort of thing, is to die young.

That it is a great kindness to tell a man that he has done well, if you don't spoil it all by telling how he might have done better.

That one hundred and eighty thousand mummy cats have been sent from Egypt to England, where they will be used to fertilize the soil.

That insurance companies say that total abstainers have a life expectancy thirty per cent greater than that belonging to those who indulge in liquor.

That the women of this country spend seven million a year for cosmetics to paint their cheeks, but the men spend seven hundred million to paint their noses.

That the population of Vermont has increased just eighty-one in the last ten years, and some of the newspaper men are unprincipled enough to try to make it an even hundred.

That the secular press has a hard time struggling with medical terms; a paper recently reported that a doctor lost a patient from "fluxion, valvulus and imagination of the bowels," which the medical man will immediately recognize as meaning flexion volvulus and invagination.

That the great multiplicity of bald-headed men with dentists' teeth in their mouths has led some one to predict that the coming man will be both toothless and hairless; and Chicago, with her usual enterprise, has already started the movement, for there are children born in this city almost every day having neither teeth nor hair.

THE MEDICAL ERA

COMBINED WITH THE MEDICAL COUNSELOR.

DEVOTED TO HOMŒOPATHY AND THE ALLIED SCIENCES

VOL. VIII. CHICAGO, DECEMBER, 1890. No. 12.

EDITORS:

CH. GATCHELL, M.D.,

D. A. McLACHLAN, M.D.

WHAT IS A HOMŒOPATHIC PHYSICIAN?

There is something in a name.

During the controversy in New York last spring, "What is a homœopathic physician?" became a question calling for a specific answer. The definition given by Dr. T. F. Allen was accepted by the profession.

Not long since the ERA received a postal card from DR. GEO. B. PECK of Providence, R. I., giving his idea on the subject. We intend publishing DR. PECK'S definition of a "homœopathic physician," and with it many others from physicians in all parts of the country.

Every reader of the ERA is requested to send at once a postal card containing his reply to the question, "What is a homœopathic physician?" Make it short and concise. All that are received will be published in the ERA for January, 1891.

INTERNATIONAL HOMŒOPATHIC CONGRESS.

It will be held June 16 to 23, 1891, at Atlantic City, New Jersey.

Its membership will consist of all reputable homœopathic physicians in the world who may make application. All may participate. No one will be turned away.

Every homœopathic physician in America should attend this meeting.

Read the Preliminary Circular on page 380 of this ERA.

KOCH'S DISCOVERY OF A SPECIFIC REMEDY FOR TUBERCULOSIS.

The attention of the medical world is centered on Berlin.

DR. ROBERT KOCH.

April 10, 1882, DR. ROBERT KOCH announced that he had discovered the specific cause of tuberculosis.

August 4, 1890, DR. ROBERT KOCH announced that he had probably discovered a specific remedy for the diseased process known as *tuberculosis*. Recent developments would seem to confirm this previously expressed opinion.

The situation is peculiar.

At the present writing full particulars are wanting; the nature of the remedy has not been made public; the special forms of tuberculosis which yield to its curative powers have not been defined; the manner of its action has not been explained.

But all this is promised in the near future. So rapidly are the revelations being made, and flashed over the world by wire, that full intelligence may be in the possession of all even before this journal reaches its readers.

At present we can but review what has already been submitted.

November 14th the *Deutsche Medicinische Wochenschrift*, of Berlin, published KOCH'S paper, "Further Communications on the Cure of Tuberculosis and Experiments Relating Thereto."

The intelligence conveyed in this paper is not made complete or definite, for the reason, as given, that experimental work is not far enough advanced to permit a final announcement. But much of an important character may be gathered.

The remedy, whatever it is, which is described as a "lymph," is a brownish, transparent fluid. It would seem to be some form of culture-fluid, for there is nothing to indicate that it is the cyanide of gold or any of the chemical compounds mentioned in Koch's address at the International Congress.

The conclusions to be drawn from accounts which have already reached us, are several. The remedy seems to be especially applicable to local tuberculosis, such as lupus, tuberculosis of bones and joints, tubercular glands, and the like. There is some intimation that it may be curative in pulmonary tuberculosis, but of this Koch speaks very cautiously.

The effect of the administration of the remedy is to produce, after a few hours, malaise, a chill, with sometimes nausea and vomiting, and a brief reactionary fever. The action in the system is, not to destroy the bacilli, but to cause destruction of tubercular tissue. Then, as it appears, the bacilli and the accompanying detritus must be removed from the system, not by any process of elimination, as in the case of poisons, but by mechanical means, by coughing, if in the lungs, by surgical means, if of bones or joints. At any rate, this is the interpretation to be put upon the language used in the account.

From this, we judge that the remedy is limited in its action—limited to *local tuberculosis.* If this conclusion is correct, then it would be inefficacious in all cases where there is *infiltration* of tissue, as in advanced phthisis pulmonalis, or tuberculosis of organs, with infiltration of the parenchyma.

This, so far as it is possible to judge at present, defines its action. This view is in accord with Koch's expression regarding the importance of early treatment: "Only in incipient stages of the disease," he says, "can the remedy fully develop its efficacy."

Robert Koch is not a sensationalist. There is no more reliable man of science in the world. Whatever he presents may be accepted as being reliable so far as the love of truth, careful and accurate investigation and experiment, conducted according to the most approved scientific methods, can make it. Therefore, for men who never looked through a microscope in their lives and who would not recognize what was presented to their view should they do so, to express an utter disbelief, and even attempt to ridicule the results of the labors of a Koch, is an exhibition little short of lunacy. While a spirit of reserve is always proper, an attitude of hostility has no place in the world of science.

It is to be regretted that one of Chicago's most prominent physicians—a former president of the American Medical Association—should have anticipated Koch's final announcement by the display of opinions which are narrow, bigoted and illiberal in the extreme. Thank heaven that the afflicted of the human race are not dependent for relief upon this man's contributions to medical science!

If they were, they would be drugged to death.

It is highly probable that Robert Koch has made the most important discovery that the world of medicine has ever known. It seems to be assured that he has discovered a specific remedy for the disease-process of tuberculosis, the greatest destroyer of mankind that has ever afflicted the race. Whatever may be the limits of the results already attained, that which has been accomplished gives promise of far greater to come, and it is not too much to hope that the specific diseases may in the near future all yield to methods of treatment of which Jenner, Pasteur and Koch are the discoverers. But, if report be true, the greatest of these is Koch.

While it is wise to wait for further developments in this matter, yet, encouraged by the reports now at hand, we are inclined to share the enthusiasm of Prof. Nothnagel, of Vienna, who, in an address to the students of the University, said:

> We face one of the greatest intellectual achievements in the province of medicine for centuries past. Prof. Koch's discovery has a far wider scope than Jenner's, and is perhaps the grandest feat in the history of our science. What inspires me with admiration is not so much the actual discovery as the method of bacteriological research which must serve as the basis of all future discoveries in that line. The present moment is among the most sublime that humanity has known.

The daily press is laden with exaggerated accounts of the progress of affairs in Berlin. Little dependence is to be put on these wild and unauthorized reports. Before coming to any conclusion the profession must wait for a further authoritative statement from Koch himself. It will probably be months before final results can be announced. We must wait.

MEDICAL LEGISLATION AND THE BIRMINGHAM MEETING.

We appeal in serious earnestness to the legislators of the Southern States to be watchful, and to scrutinize with vigilant care all bills offered regarding the regulation of medical practice.—*F. H. Orme, M. D., Chairman.*

Such is the appeal that is made by the Southern Homœopathic Medical Association.

The conditions that threatened our school in the North forty years ago, now confront our profession in the South.

It is a crying shame that a class of men engaged in the pursuit of a liberal profession, the object of which is to relieve the sick, should thus be compelled to fight for the privileges which are theirs by right. Nor would it be necessary but for the intolerance and bigotry of a body of men who profess to be engaged in a high and noble calling.

But their acts belie their professions.

In the South the conditions named, exist. It remains to meet them.

The recent session of the Southern Homœopathic Medical Association, under the able presidency of E. Lippincott, M. D., of Memphis, Tenn., devoted itself in the main to the problem of medical legislation. The report prepared by F. H. Orme, M. D., chairman of the committee, was accepted and adopted, amid much enthusiasm. It voiced the sentiments of the meeting, and inspired those present with a determination which will lead to practical results. The American legislator, in matters medical, is interested in no special "system" or "pathy." He will act according to the principles of justice, as he sees them. By misrepresentation on the part of those who are interested, he may be misled. But this is only for a time. Let the opposing party display equal zeal and vigilance, and the action can be prevented or reversed.

To require a graduate of another school to appear for examination before a board of "regular" physicians, or a board with a minority representation, is an encroachment upon civil rights.

The key-note of Dr. Orme's argument is contained in the above lines.

It is not a question of preference, or expediency, or of privilege, but of *civil rights.*

It is a violation of such rights to compel a member of one school of medicine to appear before a body composed of a majority of members of another school, in order to be subjected to examination, and to obtain permission to pursue the practice of medicine. It is an injustice and an outrage.

It does not necessarily follow that, under the condition named, injustice will always be done. But it does follow that injustice could be done. That is sufficient. It is a constant menace, and it is a humiliating position in which to place a body of self-respecting men. It should not be submitted to, except under protest. If possible to prevent, it should not be submitted to at all.

It is gratifying to note that Dr. Orme, while mentioning a county "registration law," passes the subject with but a word. He knows—what any one not wedded to a single idea, knows—that it is a condition, and not a theory, that confronts us; that even though a registration law were desirable, yet, while seeking that, the allopaths would steal a march on us and obtain a single board, or a board with minority homœopathic representation, while we slept. Already this has happened in one State. Let it not happen in another.

In the North the battle for civil rights is not yet ended; in the South it has just begun. There is a long and hard struggle ahead. That the right will finally triumph, is certain.

The occasion calls for zealous, unremitting effort, such effort as those who are engaged in the contest know quite well how to afford. Whatever those of the North can do to aid, will be gladly and willingly done.

The Birmingham meeting is but the beginning.

Cigar Smoking I have given up altogether; it is debilitating and bad for the nerves.—*Prince Bismark.*

MEDICAL EDUCATION.

The homœopathic school of medicine has much to be proud of in its record on the subject of medical education. It has led, while others have followed.

It was early in requiring a preliminary examination before matriculation; it first extended the lecture course to a period of not less than six months; it first extended the course of attendance on lectures from two years to three years, and now, by resolution of its National body, it has still further extended the requirements to four years, as expressed in the following:

In the fall of 1892, and thereafter, in all colleges represented in the Inter-Collegiate Committee of the American Institute of Homœopathy, the term of study required for graduation shall be at least four years, which shall include attendance upon not less than three terms of lectures of six months each.

All this is set forth in the report, recently issued, of the Inter-Collegiate Committee of the American Institute of Homœopathy.

Another subject with which this report deals is that of preliminary education. It makes a strong argument (it would be hard to make a weak one) in favor of more stringent requirements in this particular. The report covering this, indorsed by action of the Institute, is contained in the following sections:

No person, unless he present a diploma or certificate of graduation from an accredited university, college, academy, or high school, or a teacher's certificate which shall be approved by the faculty as equivalent to the examinations required, shall be admitted to the second year of study, and the first course of lectures in any of the colleges represented in this committee, without having passed a written examination upon the following subjects:

1. English composition, by writing at the time of examination, an essay of not less than two hundred words, from which may be judged the writer's proficiency in grammar, spelling and writing. 2. Arithmetic as far as square root. 3. Geography, physical and political, as much as is contained in advanced school geographies. 4. History, such an outline of the history of modern civilized nations, especially of the United States, as is contained in ordinary manuals of history. 5. Latin, sufficient to read easy prose and to give a fair comprehension of scientific terms and formulæ. 6. Physics, such as is comprised in Balfour Stewart's Primer of Physics. 7. Biology and Physiology, as much as is comprised in the briefer course of Martin's Human Body. 8. Chemistry, as comprised in Miller's Elementary Chemistry. 9. Botany, as found in an elementary manual.

The meaning of this action on the part of the American Institute is clear. In effect it simply raises the requirements of the entrance examination. Any student can still graduate after an actual attendance of three years at medical college, provided that, on entrance, he gives evidence of being possessed of certain attainments in scholarship which are defined. If he fails in this he must either wait another year before entering, meanwhile qualifying himself in those things in which he was deficient, or he must spend an additional year at college.

This year, which will be in the nature of a year of preliminary study, will be devoted, in part, to the acquirement of those branches in which the student was deficient. This is expressed in the following section:

It shall be understood that the first of these four years of study shall have been [*shall be*] devoted to the preliminary medical studies, as outlined by this committee, and that, upon successfully passing the above examination, the student shall have fulfilled the requirements of the first year of medical study.

There is one matter, however, in which the report of the committee is not clear, and in which, moreover, we think, it is somewhat lame. It fails to indicate in what manner the student is to come by his education during the first one of the four years covering the "preliminary studies." Shall the college faculty resolve itself into a board of grammar-school instructors, giving a special course in arithmetic, geography, history, composition, physics, and the like? Or shall the student get these in some hap-hazard manner, or by "boning?"

We do not think that a medical college is the place to teach the branches named. They belong to the grammar schools and high schools of our country. If the student is to spend one year at medical college because he is deficient in these studies then it follows that in that year, among other things, he should acquire a knowledge of them. To expect the faculty of a medical college to teach them, or to provide for their teaching, is a proposition so extraordinary as to call for a committee of investigation. If it is not the intention to educate the student in these special branches, then the student, at the end of his first year at college, still lacks the very things for which he was conditioned.

We confess to being somewhat muddled regarding the intentions of the committee in respect of this part of its report.

But there is one thing that is not ambiguous. It is clearly the intention of the homœopathic

profession, as expressed in the action of their National body, to require a higher standard of education on the part of those who seek to enter its ranks by way of our medical colleges. The result will be that those who enter, hereafter, will be better qualified than many who entered in the past. There was a time when old-school colleges were better equipped in the matter of teaching facilities than were the homœopathic; but that time is past, and there is no longer any excuse for a homœopathic preceptor to send a student to any but a homœopathic college.

SEMI-CENTENNIAL.

The old Bay State, the home of Oliver Wendell Holmes, and of homœopaths without number, has a homœopathic medical society which is a half-century old.

Its record is most interesting and instructive. It cannot be told here, but after the evening banquet which is to commemorate the founding of this society the profession may look for a story of growth and popularity unparalleled in the history of medical sects. No state can excel Massachusetts in the devotion of its profession to the interests of our school.

THE SOUTHERN HOMŒOPATHIC MEDICAL COLLEGE.

A new institution is ready to join the sisterhood of homœopathic colleges.

We bid it welcome.

We long have thought that it would be well for the homœopathic profession, by mutual agreement, to devote its energies to the support of no more than five colleges in this country. This would result in the building up of a number of strong and prosperous institutions, which, in attendance, in equipment, and in facilities, would stand as rivals of the largest and most liberally endowed of the old school.

Such a course, we believe, would attract many young men who now enter old-school colleges, influenced by the prestige which age and size always give to institutions of learning.

But this is a dream. Knowing, from the very nature of things, how impossible it is of accomplishment, we accept the inevitable, and bow to the powers that control the affairs of the world. One of these powers is that which has ordained that there shall be still another college added to the already too extended list.

Hence, we bid it welcome.

The Southern Homœopathic Medical College, under the deanship of Dr. F. C. Drane, who is also the professor of obstetrics, invites students from the Southern States, especially, to its halls. It has announced a high standard of requirements, and we trust that it may enjoy the success and prosperity that it deserves.

The establishment of this school is a timely act in the recently inaugurated crusade which homœopathy is to make in the new South.

A CHANGE.

With this issue of the Medical Era Dr. D. A. McLachlan, who has been associated with us ever since the Medical Counselor, which he so long and ably edited, was combined with this journal, will retire in order to devote himself more closely to his duties in the University of Michigan, and to his large and growing practice in his specialty, both of which make great demands upon his time. We regret very much that our esteemed colleague feels compelled to withdraw from editorial labor, and we trust that our readers may be in some measure compensated for his retirement by the frequent appearance of contributions from his able pen.

MICHIGAN.

The homœopathic profession in Michigan is called upon to act. Legislation of vital interest to homœopathy will come before the Assembly this winter. It is not framed in the interests of our school. It is one-sided and partial. In order that the homœopathic profession may enjoy that to which it is entitled by a spirit of fairness and the bill of *civil rights* it must be alert and look to its interests. Let every homœopath in the State see his local representative and inform him regarding the merits of the case. If we are beaten it will be our own fault. The Michigan Legislature has always been just to homœopathy, and it always will be so. But the duty of presenting the matter to the members of the Assembly in order that they may act intelligently, rests upon the homœopathic physicians of the State. Act, and act promptly.

ORIGINAL ARTICLES.

APOMORPHINE.—A LECTURE.

BY CHAS. S. MACK, M.D.

ANN ARBOR.

APOMORPHINE was discovered so recently as 1869. The discoverers found that when morphine ($C_{17}H_{19}NO_3$) was heated for two or three hours with an excess of hydrochloric acid in a closed tube, water (H_2O) and a new substance ($C_{17}H_{17}NO_2$) were formed; this new substance, an artificial alkaloid, they named *Apomorphine.* The preparation of apomorphine used in medicine is the hydrochlorate ($C_{17}H_{17}No_2HCl$), which may be made by heating either morphine or codeine in sealed tubes with concentrated hydrochloric acid.

Fatal poisoning with this drug has been observed both in man and in some of the lower animals, but in neither case has there been recognized postmortem anything at all characteristic of the drug. Some of the ante-mortem effects in lower animals are very remarkable. One experimenter "found that two grains of the muriate of apomorphia given hypodermically to a dog caused vomiting, and in two or three minutes the animal began to course around the room in a curiously persistent and methodical manner. Three grains injected into a cat caused the animal to run around in the same manner and also to turn vaulting somersaults in the air. Two more grains induced epileptiform convulsions, and two additional grains caused perfect relaxation. The next morning the animal was found dead. * * * In general, an excessive dose is less apt than a moderate one to occasion vomiting; on the other hand, it produces general relaxation and insensibility, impaired reflex susceptibility, and paralysis of the hinder limbs." (*a*). As to its *modus operandi* in producing this very peculiar running round and round, Brunton says: "Apomorphine in large doses appears also to have an action on the cerebellum or corpora quadrigemina, as the animal poisoned by it does not vomit, but moves round and round in a circle." (*b*). Externally applied, this drug is usually not irritant to the tissues with which it comes in contact: Stillé and Maisch (p. 194) say that even upon the tongue it does not produce a painful impression. An interesting observation is that of Ludwig and Burgmeister as cited by Ringer, viz.: "that apomorphia is a topical anæsthetic as far as the eye is concerned, equal to cocaine, but it induces vomiting and salivation by absorption. Six to twelve drops of 2 per cent. solution are needful. The application is painful." (*c*). The constitutional effects of apomorphine are induced, whatever the channel through which the drug enters the system; they may even follow its absorption through the sound skin, as in the case of a man who sometimes had his hands wet with solutions of apomorphine, he vomited frequently, was depressed, uncomfortable about the head, and unfit for work. (*d.*)

One of the most marked pathogenetic effects of apomorphine, whether in men or in the lower animals, is emesis. Emetics are divided into two classes, viz.: *general* emetics, and *local* or *topical* emetics. A *general* emetic is one which, being taken up into the blood and carried by it to the vomiting center in the medulla oblongata, acts directly upon that center, and thus causes vomiting. A *local* or *topical* emetic is one which acting directly upon the tissues of the pharynx, œsophagus or stomach produces vomiting as a reflex effect. As an emetic, apomorphine acts much more promptly when injected hypodermically than when taken into the stomach; this is because the drug is a *general* emetic. Brunton (p. 849) thinks it is probably a *topical* or *local* as well as a *general* emetic. In passing, we may note that "in the opinion of French authors, morphia acquires its emetic powers by its partial transformation into apomorphia" (*e*), and that morphine is said to promote the emetic action of apomorphine in the lower animals (*f*).

The chief use made of apomorphine, outside of homœopathy, has been as an emetic. In any case where prompt emesis is desired, at least one indication is met by this drug, for it is said that apomorphine hypodermically injected is the most promptly acting emetic we have: it sometimes operates within five minutes, and, when indicated and properly given, rarely fails to within fifteen or twenty minutes. The nausea is usually slight, and often the stomach is emptied by the first act of vomiting; sometimes, however, the vomiting recurs several times. In these very cases where it is important to promptly empty the stomach, it often happens that the patient is unable to swallow an emetic (he may be unconscious from some poison); or, if able to swallow, he may be unwilling to do so and may violently resist efforts at administering an emetic internally; one who has taken poison with suicidal intent is very apt to make trouble by thus resisting. In these cases it is very easy to give a hypodermic injection of apomorphine hydrochlorate; the amount thus given as an emetic to an adult is usually from 1-20 to 1-10 of a grain. While moderate doses excite the vomiting center, large doses depress or even paralyze it, and may thus fail to produce emesis while they may at the same time endanger the patient's life by reason of their depressant action. I should not give more than 1-20 gr. at a

time; to a child I should not give more than 1-60 gr. at a time. Children bear this drug very badly, and to a very young child I should not give so much as 1-60 grain until I had tried to accomplish my purpose with less.

Were I to say nothing further regarding the hypodermic use of this drug as an emetic, the facts above stated might lead you to use it in some cases where it might prove fatal, or where simpler and entirely safe methods would be better. I believe that when we eliminate the cases in which apomorphine is distinctly contraindicated, and the cases too in which simpler and entirely safe emetics are better, there will be comparatively few cases left in which to use this drug as an emetic. The most serious objection to the use of apomorphine as an emetic is that it is so depressing as to have repeatedly caused very alarming symptoms; one man was killed by 1-15 grain of the muriate. To impress upon you this danger I quote the following from Stillé and Maisch's National Dispensatory (p. 195.)

"Some persons appear to be readily poisoned by this substance, which then produces, usually, a degree of sedation which may reach full collapse. This has happened, even in robust subjects. In one nausea occurred at the end of ten minutes, in three minutes more the patient grew very giddy and pale and fell to the ground; he then broke into a cold sweat and appeared to be dying, but he vomited copiously and recovered. One thirty-second of a grain was very unwisely injected in the case of a child affected with capillary bronchitis. Violent and repeated vomiting took place, the patient grew as pale as wax, and a tracheal rattle was heard; but the child survived. A drunkard affected with albuminuria had injected one-sixth of a grain of muriate of apomorphia. Vomiting presently took place, and then sudden syncope; the pulse was extinct and respiration hardly perceptible; the skin was pale and livid, and covered with a cold sweat; there was complete extinction of consciousness and sensibility. Under electrical stimulus the man was saved. Very similar effects occurred in the following case: A middle-aged woman, suffering from sore throat, received a hypodermic injection of 1-16 of a grain of muriate of apomorphia. Symptoms nearly identical with the last mentioned occurred, besides convulsive twitchings of the corners of the mouth. For some hours after the return of consciousness she was inclined to faint. In a case of quinsey, one-sixth of a grain was injected subcutaneously. In ten minutes the patient suddenly threw himself backward, and flexed his arms rigidly; the pulse was very small, the skin cool, and the heart-sounds feeble. Opisthotonos followed, the man supporting himself on the neck and heels. In a few minutes the rigidity disappeared, and the patient sank into a deep sleep. A man fifty-two years old, suffering from bronchitis, received a subcutaneous injection of one-fifteenth of a grain of muriate of apomorphia. He did not vomit, but in seven minutes he became collapsed and died. The autopsy threw no light upon the immediate cause of his death. (Ungar.)" In view of the experiences here cited you should never use apomorphine as an emetic without extreme caution. You observe that in the last case quoted, one-fifteenth of a grain of the hydrochlorate failed to induce vomiting, and caused death in a very few minutes.

One fact greatly restricting the use of the drug as an emetic is that anything which tends to blunt the patient's sensibility tends to render him insusceptible to the emetic action of apomorphine, and liable to be depressed by it to a dangerous, if not fatal degree. The drug should never be given as an emetic to a patient in coma, or stupor, or to one narcotized by alcohol or any poison. In such circumstances apomorphine will often fail to cause vomiting, and at the same time depress the patient to an alarming degree. In short, *whenever from any cause, a patient's sensibility is blunted, apomorphine in emetic dose is distinctly contraindicated.* To rid the stomach of a poison, the simplest and best emetic, if the patient is conscious and obedient, is usually warm water; have plenty of it—a pailful, and have the patient drink it until he vomits, then have him drink till he vomits again; this repeated several times will effectually wash out the stomach.

I once injected hypodermically one-twentieth of a grain of the hydrochlorate into a man who had swallowed his false teeth. I think that less than two minutes had passed when he vomited them. There were several teeth on a plate about an inch square. Nothing could have been more satisfactory than the result in this case, but I think that the use of apomorphine, or any emetic, was contraindicated here. It is usually best to avoid emetics when a hard, irregular body has been swallowed, for such a body, violently ejected by vomiting, is likely to damage the tissues of the œsophagus, and may become fixed in them. I imagine that these teeth would have passed through the intestines and out at the anus without doing harm. I once had a patient who so passed a silver half-dollar, and I fancy that where it could pass, the plate and teeth could pass.

There are no provings recorded of apomorphine taken in amounts less than sufficient to induce very marked effects.*

*Since writing this lecture I have made the following experiment with fifty-one of the students in the Homœopathic Department of

There is, however, in medical literature considerable record regarding the pathogenesy of the drug.

Unmodified dynamic effects producible in human beings by Apomorphine.

(Characteristics are italicized, numbers refer to text below.)

Head and Nervous System. Giddiness, dizziness, *faintness*. A feeling of heaviness or discomfort in the head. Drowsiness, yawning, sleepiness. *A feeling of depression: apathy.* Delirium (*g*). Convulsive twitchings (as at the corners of the mouth), or general convulsions; opisthotonos. *Inco-ordination of gait.*[1]

Eye. Locally applied to the eye, the drug induces local anæsthesia. Administered by the stomach, or subcutaneously, it frequently (not always) causes dilation of the pupil; dimness of vision.[2]

Ear. Sometimes a roaring in the ears.[2]

Alimentary tract. Salivation.[3] Nausea. *Vomiting.*[4]

Circulatory system. Pulse usually quickened; later it may become slow (*j*), but usually becomes irregular, feeble or extinct.[5] *Faintness or actual syncope.*[2]

A dose too small to cause vomiting may retard the pulse. [In one case the pulse fell from 72 to 48] (*k*).

Respiratory system. Respiratory movements at first rapid and deep, then feeble, then cease.[6] *Irregularity of respiratory movements, which are accompanied with very great distress.*[7] Breathing may become stertorous.[7]

1. Brunton (p. 849) says: "In cats and dogs small doses cause vomiting, while large doses do not, but produce *manège* movements and paralysis; some degree of inco-ordination of gait may be observed in man after a large dose." We have already quoted from this same author the suggestion that the peculiar coursing round and round in a circle, which has been noticed in some animals under the influence of this drug, may be due to its action upon the cerebellum or corpora quadrigemina; that suggestion may throw light upon the *modus operandi* by which this inco-ordination of gait in man is effected.

2. Dimness of vision and a roaring in the ears have been recorded. It seems probable that these, as well as the giddiness and faintness above mentioned, are due to disturbance of the cerebral circulation.

3. Salivation was noted by Dr. Gee, probably the earliest experimenter with the drug (*h*): as it may be caused by absorption of the drug applied to the eye (*c*), we may surmise that apomorphine is a *specific* sialagogue, i. e., one acting in the circulating blood directly upon the peripheral ends of the secreting nerves in the salivary glands.

4. I have already stated that this drug is a *general* emetic with, perhaps, the properties too of a *local* or *topical* emetic. There usually is not much nausea; the vomiting is usually easy without much retching. The vomited matter usually consists of merely the normal contents of the stomach, and contains no bile (*i*); the vomiting may recur two or three times, though usually the first act of vomiting empties the stomach, after which the patient vomits no more. Unlike many an emetic, apomorphine seems to produce no effect whatever upon the functions of the small or large intestines.

5. The danger attending the use of this drug as an emetic seems due to an enfeebling or paralyzing action upon the heart. The death of an adult from one-fifteenth of a grain of the hydrochlorate was attributed to cardiac failure (*l*). In some experiments upon animals the depression or paralysis of the heart seems due to the action of the drug in the circulation directly upon the muscular tissue of that organ (*m*).

6. It is believed that these effects upon respiration are chiefly due to the action of the drug in the circulation directly upon the respiratory center in the medulla oblongata—that it first stimulates, and may later paralyze, this center. (*n*). Brunton (pp. 238, 253, 254, 849), attributes to apomorphine the power of greatly increasing the secretion of the bronchial mucous membrane, without altering its vascularity: he says that the drug "may lead to obstruction of the bronchi by profuse secretion from the mucous membrane." These facts stated by Brunton were probably arrived at by experimenting upon the lower animals, but they seem quite in a line with the known pathogenetic effects of the drug upon man. In connection with these facts of pathogenesy it is interesting to note Brunton's statement that apomorphine "has been found by Rossbach to be of the greatest service in catarrh of the larynx, trachea, and bronchi, both in adults and in children."

7. The following I quote from C. D. F. Phillips (pp. 120, 121): "The effects on M. Pécholier illustrate its possible disadvantages: being weakened by illness, he injected, to relieve pain, etc., 13 milligrammes of apomorphia (= about one-sixth grain); two minutes afterwards he had painful retching

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the University of Michigan who volunteered as provers. To each I gave a drachm phial filled with a white powder which was to be taken in divided doses, three or four doses a day, the doses to be of such size that the whole drachm would be taken in the course of four or five days; twenty-six of these phials contained the 3c trituration of apomorphine hydroclorate; twenty-five contained the 3c trituration of pilocarpine hydrochlorate. The preparations were obtained for the occasion from Gross & Delbridge (Chicago). I numbered the phials so that I should know the contents of each. None of the provers knew what either of the powders was. Some of these provers recorded a number of symptoms, but in their records there was no such congruence (either of one record with another or of any record with established facts of the pathogenesy of these drugs) as to lead me to think that any of them experienced any pathogenetic effect during the proving.

without vomiting, and was intensely prostrate; breathing stopped, then recurred irregularly, 'leaving a state of inexpressible agony.' His colleagues thought it well to inject a second dose, which induced some vomiting, and then collapse, lasting for thirty minutes, with stertorous respiration, livid face, and feeble irregular pulse. Sinapisms and subcutaneous ether revived him in a few hours. M. Pécholier asks, 'What is to be thought of a medicine that in such a dose can nearly kill?' and notes that the proximity of the vomitive and respiratory centres in the bulb explain the symptoms of asphyxia (Ann. d'Hygiène, Aout, 1882)."

THERAPY.

With our present knowledge of this drug there is little to say regarding the curative use of it further than simply this: *Give it when indicated.* You may find it indicated in many cases by vomiting of cerebral origin or due to reflex action; benefit has been attributed to its use in cases of sea-sickness (*o*); you may find it indicated in cases of bronchitis (see 6, above.)

REFERENCES.

(*a*). Stillé and Maisch's National Dispensatory. Second edition, p. 194.

(*b*). Brunton's Pharmacology, Therapeutics and Materia Medica (adapted to U. S. P. by F. H. Williams). Third edition: p. 215.

(*c*). Ringer's Handbook of Therapeutics. Eleventh edition: p. 430.

(*d*). See Cyclopœdia of Drug Pathogenesy. Part xi, p. 527, and Stillé and Maisch, p. 195.

(*e*). Lewin's Inc'dental Effects of Drugs (translated by W. T. Alexande'), p. 24.

(*f*). Stillé and Maisch, p. 194.

(*g*). See C. D. F. Phillips's Materia Medica and Therapeutics, p. 121.

(*h*). See Cyclopœdia of Drug Pathogenesy, part xi, p. 526; also Stillé and Maisch, p. 195.

(*i*). See Cyclopœdia of Drug Pathogenesy, part xi, pp. 525–527.

(*j*). Ringer, p. 429.

(*k*). See Trousseau and Pidoux as cited in Cyclop. Drug. Path. pt. xi, p. 527.

(*l*). See S. O. L. Potter's Handbook of Materia Medica, Pharmacy and Therapeutics, p. 75.

(*m*). See Brunton, pp. 307, 316, 849.

(*n*) See Bartholow's Materia Medica and Therapeutics. Seventh edition: p. 679; Brunton, p. 849.

(*o*). See T. F. Allen's Handbook of Materia Medica and Homœopathic Therapeutics, p. 96; also Farrington's Clinical Materia Medica, pp. 243, 244; also Hughes's Manual of Pharmacodynamics. Fourth edition, p. 712.

There are men and classes of men that stand above the common herd: The soldier, the sailor, and the shepherd not infrequently; the artist rarely; rarer still the clergyman; the physician almost as a rule.—*Robert Louis Stevenson.*

THE HYGIENE OF THE ALIMENTARY CANAL.

By M. S. WILLIAMSON, M. D.,

PHILADELPHIA.

[Read before the Homœopathic Medical Society of the State of Pennsylvania.]

THE preservation of health and prevention of disease are the most important missions of the physician, and when in this connection we study the alimentary canal, there is no need for an excuse for occupying some of your time.

While in health an excellent way to prepare the stomach for the morning meal is to take a drink of cold water, but for those who are suffering from catarrhal dyspepsia hot water is better to wash away the accumulated mucus in order to enable the gastric juice to act upon the food. In cases where there is loss of power of the stomach to act, especially where there is irritability, the action of hot water after eating is very soothing and of marked benefit.

The correct stand to take with reference to forbidding certain articles of diet is, not so much that they will interfere with the action of medicine, but that they will disagree with the patient by causing indigestion, or will make the symptoms present more severe.

It is not possible to lay down any general rules for the diet, but each patient should be examined and with regard to what kind of food should be eaten. The old-fashioned diet lists have often made us appear ridiculous in the eyes of intelligent people.

From the earliest period of life to the decrepitude of advanced age, the amount taken, the quality, and the time for meals should be made suitable for each person.

To start at the earliest stage of existence, the mother's diet has a direct influence upon the unborn child, and, to a great extent, we may control the development of the bones and size of the child; but this may be carried too far and cause starvation.

The mistaken notion of many mothers in thinking that their milk is the best kind of food must often be combated, as in England it has been found that about ten per centum of infants do not thrive on their mother's milk, and it is the duty of the family physician to recognize this at an early date and to advise feeding the child on something else before serious mischief has been done, and possibly by treating the mother, building her up and by paying attention to what she eats and drinks, after a time the child may return to what should be the natural diet.

In the absence of mother's milk, or in a case where this does not agree with the child, we must give cow's milk, if that can be digested, or, where a good article cannot be procured, condensed milk. There are many preparations

of infants' foods which may be tried. In some cases where the mother has not enough milk to satisfy the child we are right in urging the mother to retain her milk and use the bottle for the additional need, the notion that mixing milks having been found to be erroneous. It being often very difficult to keep milk from becoming sour in hot weather, the use of the condensed milk is of advantage, especially at night.

As the child grows it is necessary to add to the diet, and when the time comes that eight ounces do not satisfy the appetite, the strength of the milk should be increased, so that after a healthy child is nine months old it will require the milk to be given undiluted.

After the child is a year old we may add to the diet-list some of the carbo-hydrates in the shape of bread with the milk or crackers and milk, but I have found that the best preparation is oatmeal with the milk. We must remember that children do not demand the great variety of food that older persons do; that they will continue for months and even years to eat with great relish a large plateful of oatmeal porridge at breakfast time. Boiled eggs and soups may be given at dinner, but light suppers are very important for the early years, and many children who have night coughs and bad dreams can have these troubles removed by those having care of them giving only light food, especially at supper time.

Not only in early life, but those of a larger growth will feel better in the morning and eat their breakfast with more relish if they eat only food that is easily digested at supper time and make it a rule of life never to eat anything after supper.

It is important not to sow the seeds of future trouble by allowing the use of condiments or of highly seasoned food.

During middle life, when the stage of growth has been passed, it is astonishing how tolerant the system is, and how often a healthy person may be indiscreet in both the kind and amount of food and drink that may be indulged in, but the time comes when there will be punishment for slight transgressions and a headache may be succeeded by vertigo and a little water-brash by a spell of indigestion until there may be a chronic state of dyspepsia, and the doctor is called upon to relieve in a few hours the result of years of abuse of delicate organs, the liver and kidneys are seriously involved before the patient realizes that there is any trouble.

With advancing years we often have a more ambitious appetite than there are powers to digest and assimilate food, and the physician has one of the most difficult problems to solve. It is not what he thinks is best for them to eat, but what he can get them to eat; and when the natural tonics of fresh air and out-door exercise can not be taken, the use of malt in some form may stimulate the appetite. Meat is what is needed, and stewed meats thickened with potatoes, barley, rice or split peas form a good food for the midday meal. Extract of meat and milk punch in very old persons may be given with advantage when they are not able to eat ordinary table food.

Regular habits of living apply very strongly in reference to all parts of the body and especially to the alimentary canal. We must remember that there is a time to work and a time for rest and the usual treatment when there is a constipated condition of the bowels of using powerful means to force is very much like applying the whip and spur to a tired horse, he will go faster for a time, but the time comes when even those incentives will not be followed by any result, and a break-down will follow.

The involuntary muscles which surround the alimentary canal are like the other form of muscular fibers and require exercise to keep them in a healthy condition, and the habit of going after the morning meal is one that is very important, and from early childhood should be encouraged, and when the aid of the voluntary muscles are not sufficient to accomplish the object, then the use of glycerine injections or gluten or glycerine suppositories are not only more certain and have not the bad results that spring waters and cathartics usually cause in the way of irritating the canal for a long distance, for frequently the trouble has been that they have not made efforts in the proper direction, or the trouble is caused by a mechanical condition of the faeces at the outlet. When that is removed there is no further trouble.

CASES IN ORIFICIAL SURGERY.

By E. W. VIETS, M. D.,
PLYMOUTH, IND.

THE following cases belong to the series reported in the October Era, by Dr. Viets:

Case IV. Child five years of age; gradual loss of speech; would make an attempt to talk, and words that he had articulated well the year before could not be understood. Examination revealed foreskin elongated and adhered firmly to the prepuce. He was circumcised, the skin torn from the head, and now, in less than a year, he is talking again.

Case V. I was called to see this patient for uterine difficulties. Upon examination found no trouble in those organs. Examination of rectum revealed external piles, pockets, redundant tissue and papillæ. The pile-bearing inch was very red, and in some places irritable fissures.

The clamp operation was performed with some difficulty, as she was suffering from hay fever

and did not take the anæsthetic kindly, being nervous and very weak. Her uterine troubles disappeared at once, also the hay-fever. She laid down and slept that night, the first time for three weeks, and has had no difficult breathing since. I am waiting with considerable curiosity to know whether her hay-fever will appear again this August. (August 18th, 1890. No return of the hay-fever as yet.)

I have selected these cases out of sixty as having derived some peculiar benefit.

There is one more case I would like to report, operated on last Saturday, and reported to me yesterday morning before I left—a case of locomotor ataxia, with salivation, expectorating over two quarts of saliva each day. Absence of tendon reflex. In every way a very aggravated case. I removed the pile inch by dissection, the new operation of Prof. Pratt's, yesterday. Tuesday the flow of saliva entirely ceased, hands and feet warm, pain considerably better, and I shall be very much disappointed if this man does not get comparatively well within a year. (Now, four months after operation, is able to do some work on his farm.)

PREMATURE MENOPAUSE.

By MILLIE J. CHAPMAN, M. D.

PITTSBURGH, PA.

[Read before the Homœopathic Medical Society of Pennsylvania.]

MRS. R., when married, was twenty-three years of age. At the end of one year she gave birth to a child; eleven months after the birth she menstruated naturally and again ten months after that, being nearly twenty-six. Since that period, now fifteen years, there has been no appearance nor symptoms of the monthly flow. For a time she had leucorrhœa and a burning pain in the back. There is no congestion, erosion or displacement of the uterus. The cervical canal readily admits the sound or probe and has done so from the first. There has been no ill-health that could be attributed to the cessation of the flow. The vaginal portion of the uterus has atrophied, but there are no contractions, or senile condition of the vagina.

Case II. Miss S. first menstruated at twelve years; was regular until twenty, when the flow returned too often. She had hard work and long hours. Her employment was changed and medical aid summoned, but the periods still anticipated by a few days the full month. At thirty years of age the discharge was excessive, but only appeared every three or six months, for three years, then went ten or twelve months a few times, but after the thirty-fifth year did not return.

She has had the changes in the system common at the menopause, flashes of heat, dizziness, and nervous disturbances, also additional adipose, considerably increasing her weight. There was nothing in the family history to correspond with this early change. A sister menstruated until forty, and her mother until forty-nine.

Borner considers either the premature or delayed appearance of the menopause due to some pathological cause, but in neither of these cases is there any disease manifest. This case and many others have received marked benefit from the following remedies for that disturbance of the circulation:

Lachesis—When the flashes of heat are followed by coldness.

Sulphur—If the heat was succeeded by profuse perspiration.

Actæa Racemosa—Besides the flashes of heat mental depression, like a cloud, settles down over the patient. Distressed, anxious, feverish, without apparent cause.

Of course there are always other symptoms, but these are prominent.

During the critical period, persons of large flabby tissues, who perspire freely and have a cold skin, are benefited by wearing wool gauze from wrist to ankle in summer, and in the cooler seasons heavier woolen underwear. It assists in securing better circulation and prevents the internal congestion so often witnessed.

Case III. Dysmenorrhœa complicated with Tænia. Mrs. L. applied for treatment for dysmenorrhœa, saying she had exhausted the skill of her regular attendant. She described the pains as spasmodi-cramps; they occurred formerly only at the month, but now were almost constant. Had lost greatly in flesh, notwithstanding she had a ravenous appetite. Also a raw soreness about the umbilicus caused much suffering. This suggested to me some intestinal irritation, and upon investigation I found that segments of tænia were often discharged. Having some previous experience in studying symptoms and using various potencies to correct the unhealthful state which nourishes parasites, I decided to begin by an effort to dislodge and expel the foreigner. A fast of twelve hours was followed by a two dram dose of Kameela, and a mild purgative. This produced the desired result. A tænia so long that the interested party could have no ambition to see greater development, was wholly removed.

Then I found there was prolapsus of the uterus, conical cervix pinhole, through which exuded an albuminous leucorrhœa. The suffering during the entire flow was extremely acute. Besides the umbilical irritation, there were other skin symptoms coming under Silesia. She received that remedy in the thirtieth once

daily for one month, then Magnesia phos. in hot water during the acute pain of the period. Silesia daily again, alternate weeks, for another month, then the Magnesia phos., when she seemed well, but keeps a supply of powder to use if needed. She has passed several months without pain.

THREE CASES OF ABDOMINAL SECTION.

By C. H. HOFMAN, M. D.
PITTSBURG, PA.

[Read before the Homœopathic Medical Society of the State of Pennsylvania.]

THESE cases occurred during my service at the Pittsburgh Homœopathic Hospital, and, with the exception of washing the abdomen with bichloride solution and disinfecting the towels and instruments, no antiseptics were used.

Mary C., Æt. 19, white servant, entered the hospital June 27th, 1889. Sometime before she noticed a swelling in the abdomen. This was small at first but gradually increased until she now looks as if she were seven months pregnant. The tumor moved somewhat with the uterus. No metrorrhagia had been noticed at any time. Fluctuation was distinctly felt by several present. The pressure symptoms were becoming unbearable, and unfitted her for her duties as a servant. A diagnosis of fibro-cystic tumor was made.

July 2d, operation. The abdomen was carefully cleansed and washed with bichloride solution. The usual incision was made, but it had to be enlarged to get the tumor out of the abdomen, until it finally was eleven inches long.

The pedicle formed by the cervix and broad ligaments was from seven to eight inches broad. This was tied, using double strands of silk at the cervix. The pedicle was then cut, seared with the actual cautery, and dropped, and the wound closed with deep silkworm gut and superficial silk sutures. A glass drainage tube was introduced down to Douglas' cul-de-sac, and irrigation ordered every four hours with boiled water.

For the first few times about three drams of blood were withdrawn, but by the second day the fluid was clear and amber-colored.

During the first three or four days there was persistent vomiting of all food and drink with thirst, for which Arsenicum was given without relief. Phosphorus was then prescribed, with almost immediate benefit.

The sutures were removed July 10th, and the patient discharged August 10th, without anything noteworthy during that time.

Margaret B., æt. 56, married. This patient was sent to me by Dr. Stevens, of Wilkinsburg. She had an enormously distended abdomen and had been advised by her family physician in New York City, where she lived until recently, not to consent to an operation. For several years she could not lie down, and had to sleep in almost a sitting posture.

Sept. 24th, 1889, operation. On opening the abdomen the tumor was found closely adherent to the abdominal walls, so much so that the peritoneum could not be well made out, and the tumor was punctured. The escape of some of the fluid allowed the separation of the tumor so that a start could be made. It was finally peeled and seared off, the incision being enlarged meanwhile to the cruciform cartilage. The posterior half was not adherent.

Nine gallons of fluid were caught and about a gallon was spilled; the sack weighed three pounds; so that the weight of the tumor may be safely placed at eighty pounds, at least. The pedicle was tied, cut and dropped. On account of the adhesions a glass drainage tube was introduced and irrigation made with boiled water. The stitches were removed September 30th and the patient discharged October 15th.

There was so much redundant abdominal tissue that the skin lapped over extensively, and she suffered a good deal from eczema which formed in these folds.

The condition was removed by dusting with corn starch.

H. M. C., Æt. 49, married. Admitted to hospital September 25th, 1889. She had some years before noticed an enlargement of the abdomen, which gradually grew larger. She was in bad physical condition, and going down hill rapidly, so she wanted an operation as a last resort.

The tumor was nodulated, and not readily movable. Diagnosis was reserved.

September 26th, 1889, operation. On entering the abdomen the most formidable complication presented itself that it has been my misfortune to meet. The omentum was adherent, and great numbers of bloodvessels extended from it to the tumor. They were about one line in diameter on the average.

My impulse was to close the abdomen without further delay, but on a short consultation with the physician present it was decided to give the patient a chance for recovery.

Throughout the anterior aspect of the tumor it was necessary to ligate en masse, and cut between.

This made the operation exceedingly tedious. The posterior half of the tumor was also adherent, and it had to be pulled and seared off. Even in the pelvis the adhesions were extensive. The tumor was a multilocular cyst.

The patient did not rally, and died soon after the operation.

On reviewing this case I do not think I should ever again consent to take such great risks with such formidable complications in an enfeebled patient.

THE USE OF WHISKEY AS AN ANÆSTHETIC.

BY H. L. OBETZ, M. D.
DETROIT, MICH.

[Read before the Homœopathic Medical Society of the State of Michigan, Lansing, May 20-22, 1890.]

IN the latter part of the seventies my attention was called to the anæsthetic action of whiskey by two cases from practice which served to show its forcible and prolonged action; both patients claiming to have felt no pain, the one for a period of from eight to twelve hours, the other for six hours, under accidental conditions where the pain would have amounted to torment without the anæsthetic effect of whiskey.

The first patient, a common laborer in the prime of life, indulged in a spree of some eighteen hours, and although no proximate statement of the amount of whiskey taken could be arrived at, it was quite well established that he had taken over two pints.

With this amount of liquor in his system, crazed, thoroughly unconscious, he was yet able to walk, and wandered up to the camp-fire of some movers, and laid down. During the night no sound escaped him; in the morning at six o'clock, when the movers awoke, they found him sound asleep with both legs in the fire. The integument and superficial structures, and large portions of each tibia, were charred, and yet he felt no pain for some hours after being found.

The second patient, a farmer, while intoxicated, made a fire in his smoke-house to smoke some meat; he, too, became unconscious, and fell with his left thigh in the edge of the fire. Woolen pants alone saved him from burning up. He lay in the fire six hours. The severity of the burn can be judged when I say that the slough which separated weighed two and one-half pounds. Here were two cases, then, which furnished clear proof of the anæsthetic property of common whiskey, when taken in sufficient quantity. I made up my mind I would investigate, and find out any history of this property it might have, the best way to give it, the quantity required, the class of patients to which it should be given, and the contra-indications and dangers from its use, if any.

Historically, I found that this property of whiskey, brandy and alcoholic liquors had been known and made use of in a empirical way by many surgeons; that McDowell, of St. Louis, had declared his preference for it as an anæsthetic in a paper read before the American Medical Association in 1861. I could, however, find no literature at that time with the exact data necessary for its intelligent use.

In giving my observations to some of my colleagues, I was informed that Dr. John Link of Terre Haute, Indiana, had been experimenting in the same line, and I hastened to avail myself of his experience, and adopted the mode of administering whiskey which he used and perfected.

Before entering into the technique of its use, it is well at this point to digress, and call attention to the fact that Stephen Smith, in the latest edition of his valuable work on operative surgery, says: "Semi-intoxication with whiskey or brandy has been found very useful in a class of cases which will not admit of an operation under anæsthetization by ether without danger, as some crushing injuries of the limbs, fatty heart, cirrhosis of the kidneys, intolerance of ether.

"Many lives are sacrificed by amputations immediately on the reaction occurring after crushing of the limbs, due to the depressing effects of the ether, and slight, but sudden losses of blood. The same is true of operations on persons who have weak hearts. The effects of ether on patients suffering from chronic diseases of the kidney, causing suppression, are disastrous in many operations. The dangers of ether in these cases may be avoided by resort to intoxicating agents, of which whiskey is the best. In injuries attended by severe shock the wound should be thoroughly treated with antiseptics, and reaction secured by the usual remedies. Then, if an operation, as amputation, is necessary, the patient should be gradually brought under the influence of brandy or whiskey, administered in milk or beef juice. One to two ounces of the stimulant every hour will produce a condition of semi-intoxication in six to eight hours, according to the habits of the patient."

He adds further that, if desired, a half-drachm of laudanum may be given an hour before the operation. We see here an indorsement of the agent whiskey as an anæsthetic by one of the greatest authors on operative surgery of the day; but the list of indications for its use is very brief, and the mode of administration is hesitating, and lacks the exact data which should accompany an intelligent use of whiskey for operative purposes.

In approaching the subject, it is necessary to look over the list, and first find the classes in which it is contra-indicated.

I do not think, from the record of cases of poisoning by alcoholic liquors in Taylor, Woodman and Tidy, and other works, that it is even safe to give alcohol for its anæsthetic effects to children; in these even moderate quantities of whiskey or brandy have caused convulsions and death. The moderate quantity spoken of is at the lowest three or four ounces, and from this to half a pint in other cases, so that, we conclude, alcoholic liquors should never be given to children for anæsthetic purposes. In all other classes it may, I think, be given with safety, if

the same precautions thrown around any other agent powerful enough to bring on a profound state of coma, be observed. Let us now look over the list of patients where there are positive indications for its use, where it is not only useful, but the very best agent to use.

First of all, it serves a very useful purpose in country practice where no other agent is at hand, and there is whiskey in the house, or at the country store, where chloroform and ether are never called for, and consequently are not kept. Again, when professional help is scarce, and the anæsthetic would have to be given by an unskilled assistant, it becomes a very valuable aid. Thus I have done amputations, set fractures and reduced dislocations under its uses, without any professional help—the patient being entirely passive, and in no danger whatever from the anæsthetic agent, and remaining for hours unconscious, until all primary symptoms pertaining to the operation or procedure had passed away. This is its scope as an expedient, and may help you out, as it has me, where help was not at hand, and where none could be summoned because of distance, as the lone homœopathic doctor doing pioneer work often finds himself far away from friendly aid.

The list of indications by state, condition, or case, as I sum it up, is about as follows: In long operations; in cases where great shock is expected; in operations about the mouth, nose and face, where the administration of ether and chloroform are interfered with from having to remove the cone constantly during the operation; in abdominal and hernia operations, where vomiting is dreaded; where previous experience shows that the patient acts badly under the ether or chloroform; in those with fatty hearts, bad kidneys, and in pyæmic conditions where amputation or extensive resections have to be done.

Mode of administering: Have the patient prepared as for ether or chloroform; and as the whole anæsthetic must enter the system through the stomach, it is very essential that this organ should be entirely empty. Solid food prevents absorption, as is shown in the case of drinkers, who know, if they would escape a drunk, they must keep eating a bit of something as they indulge in fresh libations.

Begin from one to two hours before the operation, and give an ounce of pure whiskey five minutes apart in the case of the time being an hour, or ten minutes apart if the time is two hours, until anæsthesia is produced. If the operation is imperative, and the time is short, give two ounces every five minutes, and give additional drinks of hot water. There is abundant proof that hot whiskey and water will produce a drunk much quicker than the same quantity cold.

If the patient vomits, absorption is not going on rapidly enough, and ten minutes should be allowed to elapse between doses. The amount varies from six to twenty-four ounces, the larger quantity hardly ever being necessary; if cautiously given, no bad effects wil follow from the amount necessary to produce narcosis in a given case.

Keep the room quiet, and do not allow the attendants to talk to the patient during the stage of excitement, but counsel them to keep still, as this materially shortens the stage. This stage is succeeded by a comatose state, more or less profound; this is the condition for operation, and we may now begin at once.

If the patient is so far under the influence of the whiskey as to be unable to swallow, and is still excited, or making incoordinate movements, or inarticulate sounds, a drachm of chloroform on a towel, held so that a full breath or two is taken, will complete the anæsthesia.

Any operation may now be undertaken; the greatest deliberation is possible, as the patient will sleep from two to six hours, according to the susceptibility to the action of whiskey, or the amount taken. This is especially to be desired in homœopathic practice, as the patient sleeps until all primary effects of the operation have passed, and we avoid the clamor of the patient and friends for anodynes, with which to allay pain and stop the vomiting from chloroform in cases recovering from its use.

A paper of this kind would be incomplete without a picture of the physiological action of alcohol, taken from Lyman, who concludes that, while alcoholic anæsthesis is the prototype of all others, the slow progress of insensibility is the great bar to its general use. He does not sem to know how to overcome this by any consistent plan, such as is proposed in this paper. He says:

"The ordinary immediate effect of moderate and repeated doses of well-diluted alcohol is the production of an agreeable sensation of gentle warmth in the stomach. This is soon followed by a feeling of general well-being. Any moderately painful sensation or lack of perfect comfort is relieved. The secretion of saliva and of perspiration is increased, though sometimes the skin and the mouth become dry and hot. This increase of the salivary secretion is a part of the general secretory excitement that is now aroused. The skin becomes suffused with blood, the arteries fill more completely, and, if the dose is considerable in quantity, they may throb violently. The heart beats more rapidly, and with greater vigor at first. Respiration is quickened. The eyes shine, in consequence of the increased activity of the lachrymal glands. The conjunctivæ become injected. The pupils

are somewhat contracted. The muscular system everywhere becomes excited. The individual experiences a desire for movement and change of place. If youthful, he feels disposed to run, to dance, to fight. If not inclined to such exercise of the locomotive apparatus, he gives full scope to the muscles of the tongue, and indulges in the most loquacious hilarity. The brain becomes an early participant in the general exaltation of function. The senses are for a little time exhausted. Perception becomes more vivid. Ideas flow with the utmost ease. All the intellectual faculties are aroused. The emotions and the passions are also intensified. Tears flow upon the slightest provocation, and they may alternate with the most joyous bursts of laughter. Sometimes—especially after wine—the amative passions are greatly stimulated, hurrying their victim through all the phases of sexual appetite. The dominant characteristics of the individual make themselves conspicuous. The restraints of reason, conscience, prudence, timidity, habit, education and association are all thrown off, and the patient becomes, at length, actually beside himself.

"He is drunk and temporarily insane. Sometimes, instead of this exhibition of vivacity, the tippler becomes sedate and reserved. His self-consciousness becomes exalted, and his powers of self-control are actually enlarged. Instead of becoming sentimental and garrulous, he seems more thoroughly himself, and can converse and carry on business with greater appearance of intelligence than ever. But the final narcosis is the same. If the ingestion of alcohol is allowed to proceed, the sensitiveness of the cutaneous nerve decreases. The power of co-ordination is diminished. The patient staggers as he walks. His articulation becomes thick and confused. Speech grows less rational, and may be varied with sudden ejaculatory outbreaks. All voluntary motion becomes, at length, impossible. The turgid features lose their power of expressing. Articulation ceases. All the senses are abolished. The patient lies, dead drunk, in whatever position he may have fallen. He is stertorous, comatose, completely anæsthetized."

This year Chicago has had not a single case of small-pox, and that, too, with a population of 1,200,000. This is the first year since the incorporation of the city in 1837 that it has been exempt from this dreaded disease. There are cases in Old and New Mexico, Arizona and Texas, and two cases are reported in Kansas. Our intimate railroad connection with these States requires the exercise of close vigilance, that no traveler introduces the disease here.

SELECTIONS.

Communication on the Cure of Tuberculosis.

Below we give extracts from the paper of Robert Koch, which appeared in the *Deutsche Medicinische Wochenschrift*, November 14, last:

The lymph is so prepared as to be proof against deterioration. When, however, it is diluted with water to the necessary degree for use, the matter is liable to decay. It is necessary, therefore, that the attenuations should be perfectly sterilized by heat and preserved in wadding covering, or prepared with a solution of phenol 50 percentage strong. When taken into the stomach the remedy has no effect. It must be applied sub-cutaneously by means of a hypodermic syringe.

Three cubic centimeters of the fluid applied to a guinea pig produced little, if any, apparent effect. Twenty-five hundredths of a cubic centimeter, however, intensely affected a healthy, full grown man who was subject to experiment. Prof. Koch experimented with the fluid upon his own body and describes the effect. He injected twenty-five hundredths of a cubic centimetres of the fluid under the skin of his upper arm. Three or four hours after this injection was made he experienced a contraction of the limbs and a marked feeling of lassitude. At the same time he felt a desire to cough, together with difficulty of breathing. These symptoms increased rapidly, and in the fifth hour he experienced an unusually violent rigor. The shivering lasted for nearly an hour and was accompanied with nausea and vomiting. The temperature of his body rose to 103 deg. F. After a period of twelve hours the symptoms began to abate, the temperature of the body declined and on the following day resumed its normal degree. The heaviness of the limbs and the feeling of lassitude, however, continued for some days, during which time the point of his arm at which the injection was made continued to be painful and remained red.

The experiments so far conducted show the lowest limit of effective strength of the fluid in a healthy human body is one one-hundredth of a cubic centimeter. When this amount is applied to a healthy human subject it produces little or no reaction. The same result follows when the fluid of this strength is applied to diseased persons who are suffering from other than tuberculous affections, but in persons affected with tuberculosis the same quantity produces a strong general and local reaction. The general reaction consists of an attack of fever, which usually begins with shivering, the temperature of the body rises to over 39, and in some instances to even 41 Centigrade. At the

same time pains in the limbs are noticeable. The patient coughs, experiences much irritation and great exhaustion. Some patients also suffer nausea and vomiting. In some cases there is noticed a slight icteric (jaundice-like) coloring, or exanthema resembling measles on the chest and neck. The symptoms just described begin to manifest themselves four or five hours after the injection of the curative substance. They last from twelve to fifteen hours. The patient is not much affected by the attack induced by the fluid, and after it is over feels comparatively well, even better, in fact, than before the injection.

The second or local reaction produced by the injection of the fluid in the patient suffering from tuberculosis can best be observed in persons whose tuberculous affections are visible, as for instance, in the case of persons suffering from lupus. The changes which ensue in these cases show, in a surprising manner, the specific anti-tuberculous effects of the remedy. Within a few hours after an injection of the fluid has been made under the skin of the back, the lupus sores begin to swell and redden. During the fever which the patient experiences, as already described, the swelling and reddening of the sores increase until finally the lupus tissue assumes in places a dark brown tint and a necrotic condition. After the subsidence of the fever the swelling of the lupus sores gradually decreases, and possibly disappears altogether within two or three days. Meanwhile, however, the lupus centers have become covered with an incrustation formed by exuding serum which dries up as it reaches the air. These incrustations gradually form into scales which fall off after two or three weeks.

In some instances the effect just described is produced after a single injection of the curative matter, when a red smooth scar is left. These changes are absolutely limited in extent to such portions of the skin as are recognized as lupus. In tuberculosis of the lymphatic glands, bone articulation, etc, these local reactions are less striking, but are still clearly perceptible to the eye and touch. In these cases there is swelling of the parts affected and more pain than lupus patients suffer, while in the parts adjacent to the diseased centers the surface also becomes red.

This reaction produced in the internal organs, especially the lungs, when the curative substance is injected, is of course not open to observation apart from the increased expectoration and cough.

In all the experiments after the first injections, if any tuberculous process existed in the body, the appearances already described supervened. Absolutely no exception was noted whenever a dose amounting to the one one-hundredth part of a cubic centimeter of the substance had been applied. One may assert with confidence, therefore, that the remedy may be considered an indispensable auxiliary to diagnosis, and in doubtful cases incipient phthisis may be diagnosed by its use, even if positive information of the disease cannot be obtained by the discovery of bacilli or of elastic fibers in the sputum, or by a physical examination.

Tuberculous affections of the glands, latent tuberculosis of the bones, doubtful skin tuberculosis, etc., can by the use of this fluid be easily and certainly diagnosed. Moreover, in cases of lung or joint tuberculosis, which have apparently passed off, it will be possible, by the use of the new substance, to ascertain with certainty whether the morbid process is really and absolutely ended.

The remedy will probably prove curative in incipient phthisis. Whether, however, the cure will be final and definite, has not, he says, been clearly proved. Further experiments and continued use of the remedy will be necessary to determine this question.

What the fluid kills is not the tubercular bacillus, but the tubercular tissue. This fact indicates the well defined limits which the efficacy of the remedy will be able to reach. In other words, it can only influence living tuberculous tissue. It has no effect whatever upon dead tissue, such as cancerous matter, necrotic bones, and the like. More than this, it produces no effect upon tissues which have already been destroyed by the application of the remedy. It is quite possible that such dead tissue may still contain living tuberculous bacilli. These may then be either expelled with the necrotic tissue or it may be that under special circumstances they may again invade the adjacent living tissues.

It follows, therefore, that tuberculous tissue that is still living, must first be destroyed. When this has been accomplished every effort must be made to remove the dead matter by surgery. In cases where this method is impossible, and secretion can only slowly proceed by the self-help of the organism threatened, the living tissue must at the same time, be protected by continual applications of the remedy so as to guard against the re-immigration of the bacilli.

The fact that the remedy causes decay only of tuberculous tissue, affecting exclusively living tissues, explains why the curative fluid may be applied in rapidly increased doses.

After the patient has been under treatment for a period of three weeks, a dose of the fluid of 500 times the strength of the original dose can be applied, for at the beginning, when a large quantity of tuberculous tissue exists, a small quantity of the remedy suffices to produce

a strong reaction, but each succeeding injection causes the disappearance of a certain quantity of tissue capable of reaction. It naturally follows, therefore, that increased doses are necessary to obtain the same degree of reaction. As soon as patients treated with increased doses experience as little reaction as non-tuberculous people, it may be assumed that all tuberculous tissue open to reaction, is dead. Whether this conclusion is correct, time will show.

In cases of lupus so far treated the amount of fluid injected has been, in the first instance, one one-hundredth part of a cubic centimeter. Time has then been allowed for the reaction to take its full course. After a period of from one to two weeks a second injection of the same amount has been made. This treatment has been continued until the reaction grew weaker, and finally ceased. In two cases of lupus of the face, the sores, after three or four injections, became scarred and presented a smooth surface. Each one of these cases had suffered for many years and had been treated by other methods without beneficial result.

Persons suffering with tuberculosis of the lymphatic glands, bones or joints, have been treated with precisely the same success. There has been rapid healing in these cases and in cases of recent development of the disease, and in severer cases the improvement, while slower, has been steady.

Patients with pronounced tuberculosis of the lungs have proved far more susceptible to the remedy than those suffering with surgical tubercular affections. Consumptives have in almost every instance manifested a strong reaction on greatly reduced doses. With such patients, therefore, a beginning should be made with doses of two one-thousandth parts of a cubic centimeter, or even with one one-thousandth part. From this small incipient dose one can advance to such quantities as the patient can easily bear. In the experiments that have been conducted, consumptives have accordingly first received a subcutaneous injection of one one-thousandth part of a cubic centimeter. Then, when the temperature increased, the same dose was applied daily until no further reaction occurred. Thereupon the dose was doubled, two one-thousandth parts of a cubic centimeter being injected regularly until again no reaction occurred. This method was continued with almost always an increase of one one-thousandth part of a cubic centimeter, or, at most, two one-thousandths, up to one one-hundredth part, and so on upward. In this way the patient would be brought to take very high doses almost without fever, and almost imperceptibly to himself. Consumptive patients who are still fairly strong reach increased doses much more quickly and favorable results follow with corresponding rapidity. As a general rule the coughing and expectoration are increased somewhat after the first injections. Then they become gradually less, and in the most favorable cases will ultimately wholly disappear.

In the cases experimented upon the expectorations gradually lost their purulent property and assumed a mucus character. The number of bacilli expelled usually decreases only when the expectorations begin to assume the mucous appearance. The bacilli then disappear entirely for a time, but on occasions again appear until expectoration totally ceases. At the same time the night sweats cease, the patients begin to look better, and to increase in weight. Patients who have been treated in the early stages of phthisis have all been freed from morbid symptoms within from four to six weeks, when they may be regarded as healed.

Consumptives with large cavities in their lungs will probably only experience benefit from the new remedy in exceptional cases, though most cases show temporary improvement.

Preventive Inoculation of Tuberculosis.

At the recent International Medical Congress Dr. Robert Koch made the following report giving an account of his experiments on the preventive inoculation of tuberculosis:

Very soon after the discovery of the tubercle bacilli, I set about seeking for substances which could be used therapeutically against tuberculosis, and I have pursued this search, which has, of course, been often interrupted by my other occupations, perseveringly up to the present. In the belief that there must be a remedy for tuberculosis, I do not by any means stand alone. Billroth has, in one of his last writings, expressed himself with all possible distinctness to the same effect, and it is well known that the same object is aimed at by many investigators. It seems to me, however, that the latter have not as a rule followed the right way in their investigations, inasmuch as they have begun their experiment on man. To that I ascribe the fact that everything which people have believed themselves to have discovered in that way—from benzoate of soda down to the hot-air treatment—has proved to be a delusion. Experiments must in the first place be made not on man, but on the parasites themselves in their pure cultures; even if substances have been found which have the power to check the development of tubercle bacilli in the cultures, man should not forthwith be chosen as the subject of experiment. But the question whether observations which have been made in a test-tube hold good also in living animal bodies, should first be settled in animals. Only if the experiments on animals have proved successful,

should the method be tried on man. Proceeding according to these rules I have in the course of time tested a very large number of substances to see what influence they would exert on the tubercle bacilli cultivated in pure cultures, with the result that not a few substances have the power, even in very small doses, of hindering the growth of tubercle bacilli. More than this, of course, a remedy cannot do. It is not necessary, as has often been erroneously assumed, that the bacteria should be killed in the body; in order to make them harmless to the body it is sufficient to prevent their growth, their multiplication. I have proved the following substances to be remedies which hinder such growth, even in very small doses (to mention only the most important)—A number of ethereal oils; among the aromatic compounds, β=naphthylamin, paratoluidin, xylidin; some of the so-called tar-dyes, namely, fuchsin, gentian violet, methyl blue, chinolin yellow, aniline yellow, auramin; among the metals, mercury in the form of vapor, silver and gold compounds. The compounds of cyanogen and gold were especially conspicuous, their effect surpassing that of all other substances; even in a dilution of one million to two millions they checked the growth of tubercle bacilli. All these substances, however, remain absolutely without effect if tried on tuberculous animals. In spite of this failure I have not allowed myself to be discouraged from prosecuting the search for growth-hindering remedies, and I have at last hit upon a substance which has the power of preventing the growth of tubercle bacilli, not only in a test tube, but in the body of an animal. All experiments in tuberculosis are, as every one who has had experience of them has sufficiently discovered, of very long duration; my researches on this substance, therefore, although they have already occupied me for nearly a year, are not yet completed, and I can only say this much about them, that guinea pigs, which, as is well known, are extraordinarily susceptible to tuberculosis, if exposed to the influence of this substance cease to react to the inoculation of tuberculous virus, and that in guinea pigs suffering from general tuberculosis even to a high degree, the morbid process can be brought completely to a standstill, without the body being in any way injuriously affected. From these researches I, in the meantime, do not draw any further conclusions than that the possibility of rendering pathogenic bacteria in the living body harmless without injury to the latter, which has hitherto been justly doubted, has been thereby established. Should, however, the hopes based on these researches be fulfilled in the future and should we succeed, in the case of one bacterial infectious disease, in making ourselves masters of the microscopic, but hitherto victorious, enemy in the human body, then it will soon also be possible, I have no doubt, to obtain the same result in the case of other diseases. This opens up an oft-promised field of work, with problems which are worthy to be the subject of an international competition of the noblest kind. To give even now some encouragement of further researches in this direction was the sole and only reason why I, departing from my usual custom, have made a communication on a research which is not yet completed.

A New Vaginal Speculum.

The *British Medical Journal* of Oct. 6, 1890, has the following description of a new vaginal speculum, devised by Prof. Jas. C. Wood, M. D., of the University of Michigan.

While the specialist who has an assistant at his command will always find the Sims speculum, of some or its modifications, the most useful instrument that he can employ, the general practitioner, on the other hand, is hardly able to get along without a self-retaining instrument of some kind. Without discussing the relative merits of the various bivalve specula now in the market, I desire briefly to call the attention of the profession to the points of excellence which, I think, the instrument represented in the annexed cut, and devised by myself, possesses.

1. It is so constructed as to pass with perfect ease into the posterior vaginal fornix without causing pain at the ostium vaginæ, which so often results from efforts to pass the tip of an ordinary straight bivalve instrument, particularly in virgins, or when the uterus is retroposed.

2. Its peculiar shape makes it perfectly self-retaining.

3. The only joints are at *a* and *b*, and these can be unlocked in an instant, thus rendering the instrument perfectly aseptic, as well as convenient to carry.

4. The blades are of aluminum, so that the entire weight is but a fraction more than an ounce, and the metal itself is not tarnished or

corroded by anything except the most powerful acid.

The instrument is made by G. Tieman & Co. of New York.

JAMES C. WOOD, M. D.
Ann Arbor, Mich., U. S. A.

Sebaceous Cysts.

From a clinical standpoint these cysts, so common about the face, neck and hairy scalp, can be divided into three classes, viz.: I. Those in which the cyst wall and skin are relatively of such thickness that the danger of rupture or incision during removal is nil. II. Cysts in which this relative thickness does not exist, and which are extremely liable to be ruptured during manipulation or incised in spite of all caution, there existing no inflammatory glueing of cyst wall and skin. III. Cysts, usually of the second class so far as thickness of cyst wall is concerned, in which inflammation has glued together cyst wall and skin. The escape of the contents of a sebaceous cyst during removal is to be prevented if possible, such an accident interfering with the easy removal of the sac as well as the attainment of primary union of the wound. In the first class of cases rupture of the cyst wall is practically impossible, and can only be accomplished by a very clumsy or badly scared surgeon. The method of operation in such cases is too well known to need discussion. A borax shampoo is always required before operation on the scalp. After a free longitudinal incision the tissue can generally be pried out with the handle of the scalpel. Sutures and drainage are rarely necessary, and a dressing of gauze held in place by the capilline bandage completes the operation.

In the second class, if the knife be used even with much caution or any great amount of force used during manipulation, escape of the contents is quite sure to follow. Here the scissors are of the greatest value. Pinch up a delicate fold of skin on the crest of the tumor at right angles to its long diameter and in it snip a small hole. This will allow free access to the plane of delicate connective tissue between sac and skin. It is now very easy to enlarge the incision either way by keeping the point of the inside blade of the scissors against the skin, proceeding by short snips, or a probe-pointed pair may be used. Use an aneurism needle to loosen the cyst from its surroundings and with ordinary care the most delicately walled cyst can be delivered unbroken. In the third class the skin and cyst will have been agglutinated by inflammation usually beginning in the secreting surface of the wall and forbidding separation of wall and skin except by dissection. In these cases the skin over the cyst is usually reddened and the contents are thin and purulent. Two methods of treatment are applicable, viz.: Excision and incision with erasement. It many cases it will be found that the inflammatory process has only a small part of cyst to skin, and this non-separable area can be included in an elliptical incision. Use the scissors as above described for each side of the ellipse and dislodge the tumor with the aneurism needle. In the second variety a free incision is made the entire length of the tumor and the contents evacuated. With the sharp spoon every portion of the lining or secreting membrane is carefully removed, after which, if possible, the freshened surfaces are held in contact there, frequently securing primary union with obliteration of the cavity. In other cases the cavity must be left to fill by granulation. Of course in each of these varieties of third class, sutures, drainage tubes, etc., etc., are often a necessity.—*Dr. Axford, in the Medical Standard.*

Angina Pectoris in the Heart-Palsy of Acute Specific Disease.

Dr. J. W. Moore read a paper, the object of which was to bring under notice a case of "breast pang," or angina pectoris, which seemed not to have attracted that attention to which it was entitled. The cause in question was the cardiac paralysis due to acute infective diseases, and especiallyh to diphtheria. Within the past year three notable cases of heart-failure in infective disease had come under the author's observation. Of these the first and third were cases of diphtheria; the second was a case of septicæmia. The first showed no marked anginal symptoms; in the second and third these were present in an extreme degree. The group of symptoms described as "angina pectoris" might show themselves in the latter stages of any of the acute infectious diseases, particularly septicæmia, pyæmia, and diphtheria. The anginal attacks of acute infective diseases often answer the definition given by Dr. Byrom Bramwell of true angina pectoris; namely, a "neurotic affection, characterized by paroxysms of intense pain in the region of the heart, and a terrible sensation of impending death. . . . The affection is in many cases associated with organic disease of the heart and the root of the aorta, and in its typical and severe forms is apt to prove suddenly fatal." But it should be noted that this author, while drawing a clinical distinction between true angina pectoris, rarely met with before the age of forty — and the pseudo-angina, or attacks of cardiac pain to which young persons were liable, was careful to state that the two forms ran one into the other, and and that it was sometimes difficult or impossible

to separate them at the bedside. These seizures of angina in infective diseases appeared to arise in the following ways: Deficient innervation of the heart, or a true cardiac paralysis; a granulo-fatty degeneration of the heart-muscle, the result of an acute parenchymatous myocarditis; and a sudden increase of tension in the peripheral arteries, due to a cause acting upon the body from without, reacting upon an already weakened heart — the *angina pectoris vaso-motoria* of Nothnagel. Any of these causes might operate singly in a given case; or two or more of them might be combined so as to determine an anginal attack.—*N. Y. Med. Journ.*

Hydrogen Peroxide in Diphtheria.

Dr. George W. Major of Montreal, has treated twenty-two cases of diphtheria, with an aqueous solution of peroxide of hydrogen, applied locally. He has used it internally also, but the local use is that affording the results of which he writes in the Montreal Medical Journal for January. His experience with the peroxide solution has extended over two years, with cases of more than ordinary severity and with a decided septic tendency. Fourteen cases presented nasal diphtheria. He has been enabled with this agent to keep the nose free from membrane. He says:" I have seen it remove membrane as quickly as it could form." In cases in which there was an offensive odor before the use of the peroxide, the discharges have after its employment become freed from their unpleasant odor. He commonly began by using a sixty per cent. solution of the so-called "ten volume peroxide," but not infrequently used it in its full strength. The merits of this preparation are summed up to be: I. It is void of offense to taste or smell, being odorless and almost tasteless. II. Its use is painless, and it is incapable of exciting any irritation in the parts to which it is locally applied. III. It is not poisonous, and may be swallowed with impunity, if any excess of topical application happens to be used. IV. It is powerfully antiseptic and deodorant. V. It is a perfect solvent of the exudate of diphtheria. VI. It in no way precludes the employment of the bichloride solution or any other remedy, but rather paves the way to their more thorough action. When used internally, the dose given by Dr. Major has been from half a drachm to two drachms. He further states that Dr. I. N. Love of St. Louis, has used the peroxide solution in weaker dilution than himself; the former adds to the ten volume peroxide either three or two times its volume of water. Dr. Glasgow of St. Louis, has used the peroxide for three years with most satisfactory results.—*Med. Times.*

Prophylaxis in Scarlatina.

Bæumler gives some statistics showing the high rate of mortality from scarlet-fever, and reviews the complications which may occur. Prominent among these is albuminuria, to which he calls especial attention. A careful distinction is to be drawn between the albuminuria frequently occurring early in the disease, accompanying high fever and lasting but a few days, and that developing at the third or fourth week, which is often very persistent, and may be attended by all the evidences of a severe nephritis, though the amount of albumin be small in quantity. Regarding the prophylaxis against scarlatina, the two questions arise—whether this is possible, and whether it is necessary. Though this disease is so much more dangerous than measles, the disposition to get it is very much less. Only in a few of the early years of childhood is there a really considerable tendency to catch it from others, and this rapidly grows less with advancing age. An important point, therefore, is that the longer the child can be protected from the disease, the greater is the likelihood that it will escape it entirely.

As is well known, the contagion of scarlatina is always derived from some other case; it possesses a very great vitality; it is active from the earliest beginning of the disease until far into convalescence; and it usually requires a very short period for its incubation. The author reports cases to show that the breath may carry the contagion before appearance of any eruption, though the chief danger is during the stage of desquamation. It is, therefore, absolutely necessary to isolate patients as soon as possible. The clothes can be disinfected, but it is virtually impossible to disinfect the epithelial covering. A fixed time during which the patient must be isolated cannot, therefore, be named, but the child must remain away from others until the shedding of the epithelium, especially that of the palms and soles, is entirely completed. The author has known this to require sixty-three days from the onset of the disease, and a still larger number has been reported by others. Desquamation can perhaps be hastened by bathing with warm soap-water, and the dissemination of scales hindered by inunctions. It is very important that the scalp be treated in this way, as the scales of this part are fine, and are shed early. A convalescent room is of especial value for those patients who feel well, but who cannot with safety mingle with others.

Children who have come in contact with cases of scarlatina should remain under observation ten or twelve days before again joining other children. Those in attendance upon the patients should wear some outside garment in the sick-room, and change their clothes and wash their

hands in carbolic water on leaving it. The sick-room should be aired every day, with proper precautions that the patient take no cold. All the linen used about the patient is, while still in the sick-room, to be put in a three per cent. carbolic acid solution, and then boiled with a strong soap. Shoes are to be disinfected with the carbolic water, and clothes treated with steam. The walls of the sick-room, if painted or papered, are to be rubbed down with bread after the patient has been removed, the iron and wooden furniture and the floors washed with a carbolic solution, and the curtains, mattresses, etc., subjected to steam. Special vehicles should be employed to bring children with scarlatina to hospitals. Finally, precautions should be observed against the carrying of the disease by third persons, domestic animals, books, letters, milk, etc.

In connection with the above, a communication of A. Whitlegge is of interest. It seems to him probable that a lull in the infectiousness of the disease may occur about the end of the first week, at the time when the acute symptoms are subsiding, and desquamation has hardly commenced. To determine this point, he analyzed 1,700 cases, of which he had exact particulars, and found, in fact, that the infectiousness suddenly decreased at about the sixth day, and increased again about the twelfth day, reaching its maximum by the sixteenth day.—*American Journal of Medical Sciences.*

Transmission of Syphilis Through Shaving.

Dr. Nikolai P. Featchendo, of Moscow, publishes a very instructive paper, in which he says that in the course of five months he has met with three cases of syphilis contracted through shaving; the primary sore of each instance developing on the site of a trifling accidental cut inflicted with a razor. Two of the men (one a married merchant, thirty-eight years old, and the other a bachelor, twenty-three years old) had been shaved in a barber shop, the third (a student, twenty-two years old) performed the operation himself, and that with a razor just purchased of a barber. According to the author, international medical literature contains only seventeen cases (including his own three) of the kind, the primary ulcer being situated in six cases on the cheek, in six on the chin, in two on the neck, in one on the lip, in one on the forehead, and in one on the naso-labial fold. He does not doubt in the least, however, that the infection in a barber shop occurs incomparably more frequently than one might conclude from the scantiness of records on the subject. The author supports his assertion by the fact that syphilitic barbers are by no means *rarœ aves.* Meanwhile they are permitted to quietly shave their unlucky clients and to thus spread the infection. "A syphilitic barber," the author adds, "constitutes a by far more formidable source of the infection than a syphilitic prostitute, since the latter can come in professional contact, on an average, only with two or three men a day, or sixty or ninety a month, while the average barber shaves about fifteen men a day, or 450 a month." Hence, Dr. Featchendo energetically appeals to put an end to this state of things and to establish a stricter and most effective sanitary supervision of barber-shops all over the country.

Etiology and Treatment of Sycosis.

Catarrhal conditions of the nose, whether in strumous subjects or not, are very often exciting causes of sycosis. In many cases no plausible explanation for the appearance of the disease can be found. This gives occasion for a number of theories—such as the hair being too large for the follicle, an error in the process of hair-fall and regeneration, and the entrance of staphylococci into the follicles—neither of which is considered as proved. In the treatment of the disease, shaving and epilation are advised, while the use of the sharp spoon is advised against. After the daily shaving, and once or twice besides, the patient should rub into the skin an ointment of tannic acid, fifteen grains; sulphur, thirty grains; and vaseline, five drachms. At night he is to bind upon his face either a salicylic-acid paste, or Hebra's or Wilson's ointment. Or, instead of using two preparations, the following may be used: Tannic acid, seventy-five grains; sulphur, two drachms and a half; oxide of zinc and starch, of each one drachm and a half; vaseline, one ounce and a half.

Treatment of Eczema in Children.

Eczema intertrigo about the genital and anal region is especially frequent in fat children, and is usually associated with digestive disturbances demanding the regulation of the diet before anything else. Locally the most grateful and healing application is composed of equal parts of a five-per-cent. solution of boric acid and lead-water applied on pieces of muslin or linen, and changed every time the diapers are changed. The acute inflammation usually ceases at the end of the second day, when a five-per-cent. ointment of boric acid in vaseline should be substituted for the lotion, painted on with a brush, and then covered with the ointment spread on a cloth. If there is a good deal of moisture present, the parts should be powdered with talc, or equal parts of talc and zinc oxide, and covered with cotton powdered full of the powder. The diapers should be changed frequently, and the old powder, if wet and caked, removed before new powder is ap

plied. In fat children with eczema of the head the supply of fat in the food must be lessened, the frequency of nursing being reduced. If constipation is present, small doses of calomel may be given, or resort had to the soap suppository. Locally all crusts are to be removed by soaking in oil, this being frequently renewed to prevent its becoming rancid, and removed with soap and water. If much exudation is present Lassar's paste, with boric acid five per cent, or the benzoated oxide of zinc ointment may be used. If there is not much exudation, a simple five-to-ten-per-cent. boric acid ointment will do well. If the squamous stage presents, then an ointment of fifteen grains of white precipitate, sixty-five grains of balsam of Peru, and an ounce of zinc-oxide ointment will soon complete the cure. The skull cap of linen is a necessary adjunct to this treatment. It is well to bind up the hands to prevent scratching. In general eczema of strumous children either phosphorus in cod-liver oil or arsenic must be administered. In all cases of general eczema the body must be smeared with vaseline, powdered thickly, and covered with a fine linen shirt. The procedure is to be repeated four or five times daily. Upon the limbs a bandage may be substituted for the shirt. Water must be kept away from all eczematous skins.—*N. Y. Medical Journal.*

Spermatozoa in the Urine of Women.

A pharmacist in Bordeaux having been requested to analyze a woman's urine, found it on microscopial examination to contain quite a number of spermatozoa. Feeling doubtful as to whether he should mention the fact in his report, he asked Professor P. Carles, of the Bordeaux School of Pharmacy, for his opinion on the subject. The professor replied that, not long since, he found himself in just the same predicament. A gentleman of some standing in society, who was in the habit of having his urine occasionally examined, one day sent a specimen of his wife's water, with a request that it be analyzed. The microscope having shown the presence of spermatozoa in an otherwise normal urine, Mr. Carles asked himself whether the husband, aware of the microscope's power, was not trying to verify some dark suspicions. Although such hardly seemed to be the case, the professor concluded to keep silent on his discovery. And since then whenever female's urines are presented, either described as such, or identified from special histological constituents, he has made it a rule to omit in his report all mention of any spermatozoa that may have been found. Their presence is only noted confidentially, when the report is to be handed personally to the physician. Of course in a legal case the same course would have to be followed. The writer of the letter adds that it may be of some interest here to remark that some years since a like instance occurred in Brooklyn, N, Y. Two well-known physicians attending the young unmarried daughter of one of the "first families" there, were one day taken aback by the discovery of swarms of the tell-tale microzoa where they had no business to be. After consultation, spermatozoa not being a morbid symptom in female urine, they wisely came to the same conclusion as the French professor, and kept their find to themselves. —*M. and S. Reporter.*

Intestinal Obstruction.

1. Obstructions of the intestines, the result of constricting bands or volvulus, are always seat with either in the small intestine or the sigmoid flexure.

2. The most common cause of bands is old peritonitis, local or general. Meckel's or other diverticula may be the cause of constriction of the bowel by snaring or twisting.

3. The predisposing cause of volvulus consists in elongation of certain segments of the intestine, abnormal length of the mesentery, adhesions, or unequal peristaltic action.

4. The higher in the intestine the obstruction, the more severe usually are the symptoms.

5. All cases of obstruction should be treated by early abdominal section, and, if possible, reduction of the constricted portion of the intestine by dividing of constricting bands, or untwisting a volvulus, that is, if the gentle insufflation of hydrogen gas fails to effect reduction.

6. In all cases where the intestine is very distended, it should be freely incised, and its contents evacuated.

7. In all cases in which the constriction is irreducible lateral anastomosis by approximation discs should be practiced, so as to exclude permanently the seat of obstruction from active fæcal circulation.

8. In cases where gangrene has taken place in the loop of constricted intestine, it should be excised, and the portion of intestine above and below the seat of constriction should be united by lateral anastomoses by approximation plates; the divided ends being invaginated into themselves.

9. All bands and diverticula should be removed when practicable at the time of the operation; in the case of volvulus, if the mesentery is abnormally long it should be shortened.

10. That enterostomy, or the formation of an artificial anus, should never be performed unless it is found to be absolutely impracticable to re-establish the continuity of the intestinal canal by dividing the constricting bands by

enterorrhaphy, or by means of lateral apposition as described.—*Medical Press.*

Uterine Contraction During Pregnancy.

1. During the whole of pregnancy the uterus contracts at intervals, varying much, but commonly from five to twenty minutes, remaining so for a shorter time—say, from three to five minutes.

2. If we place the examining hand at the time of contraction on the uterus, it will be firm, pear-shaped, and the fœtal parts not readily, if at all, detectable; if we place our hand on during the state of rest, or allow it to remain on till the firm state is passing off, then the outline of the uterus is indistinctly felt, sometimes it cannot be felt at all, while the fœtus is to be more or less clearly made out, and can often be pressed with the fingers outside into various positions, even as early as the fifth month.

3. By noting these facts we are enabled with ease in general to decide as to the existence of normal pregnancy, to diagnose between this and various tumors, both uterine and abnormal, between pregnancy and distended bladder, and other conditions easily called to mind by the practitioner.

4. These intermittent contractions have the physiological use of emptying the loaded uterine veins, changing highly carbonized blood for that more aerated.

5. From observations I have made I am inclined to think that there is some pretty constant relationship between the accumulations of this highly carbonized blood and the fœtal movements, and also between the fœtal movements and the uterine contractions. Finally, I can confidently recommend the consideration of this additional help in the recognition and diagnosis of pregnancy as one easily learned and readily applied. It has in my own practice proved to be of the greatest service for many years.—*Dr. Hicks, in Lancet.*

The Persistence of the Diphtheria Contagion.

The practical deductions from the experiments of Roux and Yersin, on the virus of diphtheria, are reported as follows:

The best method of arresting the spread of diphtheria is to recognize the disease as early as possible; consequently a precise diagnosis should be made by microscopic examination of the false membranes, and this should be confirmed by cultivations on blood serum. As the former takes only a few minutes, and as the latter gives results in twenty-four hours, both these methods are available in private practice, or where patients can be sent to an observation ward.

Active diphtheritic virus can remain in the mouth for a long time after the malady is cured. Consequently diphtheritic patients should only be allowed to resume their ordinary course of life when they are no longer bearers of the bacillus.

Diphtheritic virus retains its virulence for a long time when kept in a dried state. It is therefore necessary to disinfect in a steam sterilizing apparatus the linen and all articles that have been in contact with diphtheritic patients.

The attenuated virus of diphtheria is widely distributed, and it readily regains its virulence. It is therefore necessary at the very commencement of simple forms of throat disease, and of those associated with measles and scarlatina, to practice careful and frequent swabbing of the throat with antiseptics.—*Brit. Med. Jour.*

Substitute for Bellocq's Canula for Controlling Epistaxis.

Dr. W. W. Parker recommends the following method as superior to all others, on the ground that it is not only effectual, but is easy of application and absolutely painless, and can be used in the smallest patients. The little device which he uses is made of fifteen of the long threads of patent lint, size three and one-half or four inches long, which are doubled on themselves and tied in the middle, one end of the string being six or eight inches long, so as to pull the plug out when necessary. When doubled on itself it looks like a "comet" in miniature with a nucleus and thirty tails (or twice the number of threads used). A probe, or soft piece of pine but little bigger than a match, is pressed up against the center, and it is passed back upon the floor of the nasal cavity and pushed on till the posterior nares is reached. This will be known both by the resistance and the length of the probe, or the depth which you have reached. Then slowly withdraw the probe and plug the anterior nares and you have arrested the bleeding. These twenty or thirty ends floating in the blood at once coagulate it. The passage of the soft lint gives no pain whatever. If lint is not at hand the largest size spool cotton may be used.

The plug is removed in from twenty-four to forty-eight hours. It gives no pain, and the patient is willing for it to remain. The other methods are all painful in execution, and the discomfort, while the plug remains, is very considerable.—*Medical Record.*

The Tongue in Disease.

A white coated tongue indicates febrile disturbance; a brown moist tongue indicates disordered digestion or overloaded primæ viæ; a brown, dry tongue indicates depressed vitality as in typhoid conditions and blood poisoning; a

red moist tongue indicates debility, as from exhausting discharges; a red, dry tongue indicates pyrexia, or any inflammatory fever; a "strawberry" tongue with prominent papillæ indicates scarlet fever or rotheln; a red glazed tongue indicates debility with want of assimilative power of digestion; a tremulous flabby tongue indicates delirium tremens; hesitancy in protruding the tongue indicates concussion of the brain; protrusion at one side indicates paralysis of the muscles of that side; a bluish glazed tongue with cracks or loss of epithelium indicates tertiary syphilis; a white patch on the tongue indicates psoriasis linguæ; thickened epithelium of the tongue indicates ichthyosis, which frequently leads to epithelioma; chronic ulceration of the tongue indicates decayed teeth, tertiary syphilis or epithelioma.—*Med. World.*

Creolin in Gynecology.

Extensive experiments have been made by Chéron with creolin in two-and five-per-cent. solutions. The weaker solution was used for vesical injections in cases of gonorrhœa. Neither poisoning nor pain resulted; the discharge from the urethra diminished and soon disappeared, injections being made every other day. Gonorrhœal vaginitis was quickly improved by irrigation of the vagina and vulva with the five-per-cent solution. In purulent cervical endometritis, the diseased tissues were first carefully cleansed with absorbent cotton, after which an application of the five-per-cent. solution was made. After a few applications the suppuration ceased. Creolin gauze was found to be an excellent substitute for iodoform gauze in cases of suppurative and hemorrhagic endometritis in which a tampon was required. From the foregoing it was concluded that creolin has a very positive effect upon the microbes of gonorrhœa and of pus, and that in ordinary doses it is neither painful nor toxic.

Medical Treatment for Fractures.

The following account of the virtues of Phosphorus in promoting the process of repair in bony tissues will be read with interest by homœopathists:

In a graduation thesis in Havana an author discusses the advantage of prescribing various forms of phosphorus for patients suffering from fracture. He carried out a series of experiments on dogs and fowls by breaking the femur by means of an osteoclast, and putting up the limb in splints. He then divided the patients into two groups, the first group being treated with phosphorus in various forms, the second being left without medication. The result was that the callus was more abundant and firmer in animals treated with phosphide of zinc than in those treated with phosphate of lime, or than in those which were not treated at all. These results were confirmed by observations made in the surgical wards, where it was found that patients with fractures who took from a quarter to one-eighth of a grain of phosphide of zinc daily made exceptionally good and rapid recoveries. The only unpleasant effects produced by this treatment were that one out of the eighteen patients on whom it was tried suffered from slight diarrhœa, and in one the pulse became slow and hard.—*Lancet.*

A woman in whom the uterine contractions were particularly painful was thrown into a condition of hypnotic sleep, and rendered unconscious, by Dr. C. Braun. The contractions were equally violent during the period of unconsciousness, but the intervals were somewhat longer. Dilatation of the passages took place in the most satisfactory manner, and delivery was speedily accomplished. The placenta was expelled into the vagina, and easily withdrawn. On awakening the patient complained of no pain, and afterward slept naturally several hours. Hemorrhage was very slight. One of the most interesting features of the case was that the uterine contractions induced contractions of the abdominal muscles without awakening the patient.

Fermentation of milk occurs only in consequence of the introduction into it of microorganisms. If the milk be received by a sterilized tube into a sterilized receptacle directly from the udder of the cow, it will not ferment nor become acid, though kept indefinitely.

The *National Druggist* gives the following amusing specimens as fair samples of everyday experience:

"Send me some of your essence to put people to sleep with when they cut their fingers off. I want something to take tobacco out of my mouth. Send me a baby's top to a nursing bottle. Something for a sore baby's eye. Enough ipecac to throw up a girl four years old. Enough anise seed to take the twist out of a dose of senna. Something for a woman with a bad cough and cannot cough. Something, I forget the name, but it is a cure for a swelled woman's foot. For a man with a dry spit on him. For a woman whose appetite is loose on her."

My liver was out of order. I knew it was my liver that was out of order, because I had just been reading a patent liver-pill circular in which were detailed the various symptoms by which a man can tell when his liver is out of order. I had them all.—*Jerome K. Jerome.*

WORTH KNOWING.

In the treatment of Colles' fracture, I lay great stress on not confining the fingers in a bandage. The fingers should be left free so that the tendons could play in their sheaths and the little joints remain flexible. If the joint of any aged person be confined for a certain length of time—even though it be not injured—the joint thus confined will become stiff. The fold of the capsular ligament will have assumed such a strained position that as soon as the patient makes an attempt to move his joint, the very act will elicit pain.—*Gerster.*

Vaginal drainage has been recommended in the past, but is now rarely used except after operations by the vagina, either hysterectomy, or removal of the tubes or ovaries. The advantage of the cul-de-sac being the most dependent point is offset by the fact that fluid in front of the broad ligament may not be influenced. It is necessary to exercise great care to avoid infection by the vagina. A. Martin employs vaginal drainage after operations where there is a large amount of tissue that must break down. He incloses the suspicious territory by sutures to a drainage tube which communicates with the vagina so that the material is shut off from the peritoneal cavity.

Albumen in the urine probably means disease somewhere in the body. In so-called physiological quantities it probably may be referred to disease removed from the kidneys, and is as transient as the cause. In pathological quantities it signifies either inflammation external to the kidneys or a lesion of these organs. Many patients do not pass albumen with evident kidney lesions. Albumen is inconstant and bears no relation to the extent of the lesion, but when present must be respected as a prominent factor in diagnosis. It generally makes its appearance a long time after other well-marked symptoms have existed, and the disease is grave when it exists in pathological quantities, and should not therefore be waited for.

Women's stays are a frequent cause of the formation of gallstones. The pressure exerted by these articles of dress on the liver is transferred to the gall bladder and its ducts. This pressure is not uniform; it is more constant by day, but decreases at night, or is exerted only when the form of the thorax is already altered by pressure. This pressure causes the retention of the bile in the gall bladder. During the day time the bladder tends to empty itself; in the intervals of digestion, and during the night, there is a tendency to refill itself. If the daily evacuation of this organ is prevented, or only imperfectly effected, there is a recurrence of stagnation of b le, and consequent disposition to the formation of gallstones.

For In-growing Toe-nail.—During the last ten years I have confined myself to the use of Monsell's salt—dry powder—as a local application, once or twice a day, after carefully washing the part with water. To my knowledge, I have not had a failure in giving a permanent relief when the powder was used regularly and properly. Draw the tender parts away from the nail—wash carefully. Dust a little powder over the part, once or twice a day, until all tenderness has passed away. If there should be any indication of return, apply the powder at once and continue as before. I think I have relieved fully fifty cases in this way.—*Dr. Zacharias.*

A woman, aged forty-four years, insane, the subject of goitre for many years. She was up and about helping at her work, when she became faint, breathless, and blanched, and died within a few hours. Autopsy: The woman was well nourished, the skin of marbled whiteness. An immense goitre occupied the entire space between the chin and sternum. In the lateral regions of the neck the swelling extended toward the clavicles and below the skin of the upper half of the sternum. On section, a space was opened between the bronchocele and the sternum, containing large clots, which, on dissection, were found to have come from one of the lower cysts of the goitre, which had ruptured. The blood extended into the cellular tissue of the neck and beneath the sternum into the anterior mediastinum, covering the aorta and upper part of the pericardium.

After a careful and thorough analysis of the accidents, complications, and results in one hundred and twenty cases of stricture of urethra subjected to internal urethrotomy, Dr. G. E. Brewer concludes as follows: 1. That the internal urethrotomy as a means of treating stricture of the anterior urethra is a comparatively safe operation. 2. That, by the intelligent application of a few well-known measures, alarming hemorrhage can, in nearly all cases, be avoided. 3. That the occurrence of a more or less lasting curvature of the penis after operations is probably due to the extension of the incision beyond the necessary limit. 4. That, with the exception of the meatus, the practice of dividing anterior strictures on the floor of the urethra should be condemned as a dangerous procedure. 5. That the passage of instruments through the deep urethra should, if possible, be avoided immediately after the operation. 6. That in a majority of cases, by a thorough and complete division of all stricture bands, a radical cure and complete restoration of the canal

to its normal calibre may be expected. 7. That all attempts to prevent recontraction in imperfectly divided strictures by means of dilatation are useless.

Contagion consists in the transmission of communicable disease from one individual to another through the agencies of contagia, the efficient causes of all contagious diseases; these contagia may be communicated by contact, through the atmosphere or from infected articles, fomites. In the light of our present knowledge it can be safely asserted that contagium is a particular substance; that it is capable, when suitably enviroued, of increasing itself indefinitely by multiplication of its particles; that in this increase it produces only its own kind, and does this as unerringly as do animals or vegetable species in their increase by generation. Thus a very small portion of small-pox virus or contagium, if inoculated under the skin of a susceptible person, will multiply and increase itself in the blood of this person, and pustules will form upon his body, which will contain the same character of contagious substance, possessing the same distinctive properties as that used in inoculation Or a person with an infectious fever may infect a hundred or more persons with the same disease, transmitting to each one the amount and kind of contagium that he himself received at the time of his infection. There is no known substance, neither a solid, a liquid, nor a gas, save and except a living organism, which is capable of increasing and multiplying its own kind in the manner thus described.

From long experience, both in hospital and private practice, I have come to the conclusion of never dressing a plastic wound on the face. I simply dust the line of incision with powdered iodoform.

The first condition in these wounds is that the hemorrhage be absolutely stanched. There should not be a drop of blood at the time of closing the wound. When you have stopped all hemorrhage you may then apply the sutures. In the case of wounds of the face in children I use iodoform with glycerine. The bloody serum which exudes from the wound will form a paste over it, and a crust will soon form along the line of the wound, which will constitute the best antiseptic dressing that can be put on. The only precaution I take is that the flaps be brought into direct apposition without any tension, and maintained thus by very fine silk or catgut sutures. The same procedure I apply in all applications about the face, and the harelip pin, which is spoken of in the text-books, I consider an instrument of torture which should be abolished. In all other operations on wounds an ordinary suture is sufficient, and why should an extra apparatus be applied for a procedure which differs in no way from other forms of plastic operations? Among the many harelip operations I have done in children and grown people I have not had a single failure, and I do not attribute this fact to any great skill on my part, but because the patients were comfortable after the operation was completed, and were not made wretched by the use of adhesive plaster or other useless appliances.—*Gerster.*

Germs are divided, according to the food upon which they best thrive, into saprophytic and parasitic. The former grow best on dead matter, while, for the nutrition of the latter, living matter is best suited. Those which can live only on living matter are called obligate parasites, while those parasites which may be induced to live on dead matter are called faculative saprophytes. On the other hand, the germs which receive their food only from non-living substances are designated as obligate saprophytes, while those which thrive best on dead materials, but which may be induced, under certain favorable conditions, to grow on living tissues, are known as faculative parasites. As examples of obligate parasites may be mentioned the bacillus of leprosy, that of syphilis and the gonococcus. All attempts to cultivate these on artificial media have been unsuccessful. Among the faculative saprophytes the bacillus of tuberculosis is a good example. It thrives best in the living body, but it can, with certain precautions, be grown on glycerinagar. The obligate saprophytes are represented by the ordinary putrefactive germs, which when injected into the living body, soon die. The comma bacillus of cholera is probably a faculative saprophyte.—*Vaughan.*

Hallux Rigidus.—The symptoms of this condition, according to Dr. Cotterill, are more or less inability to dorsiflex the toe, accompanied by pain, in the early stage felt on the dorsal aspect, and later in the course of the disease in the plantar region. The author believes: 1. Hallux rigidus proper is due to the invariable combination of flat-foot and boot pressure. 2. That while no amount of flat-foot alone will cause it, a slight amount of flat-foot in combination with boot confinement is sufficient to bring it about. 3. That it exists, to a *certain extent*, in almost all cases of flat-foot occurring in persons wearing ordinary European boots. 4. Flat-foot occurring in barefooted nations, or in those who wear sabots or other such boots as to provide for ample dorsiflexion of the great toe, does not cause it. 5. That the connection between it and flat-foot has been frequently denied or overlooked, owing to the imperfect means of testing flat-foot. 6. That it is fre-

quently one of the earliest manifestations of flat-foot in booted nations. 7. That while it is commonest in young boys, it occurs frequently in girls. 8. That in the early stages it may be cured by attention to the flat-foot, and by giving room for dorsiflexion of the hallux. In the later stages excision of the proximal end of the first phalanx is probably the only means of cure, though palliative treatment by fixation of the joint may give relief to pain in walking.—*Medical Review.*

A contusion which is without perforation of the skin, or a sprain, should be treated with hot water or hot suds—usually the suds are the best. The parts should be soaked in water and relaxed by heat, so as to favor the rapid absorption of the morbid or dead matter. The tincture of lobelia, for its quieting and relaxing properties applied every four hours is a good adjunct to the hot, wet dressing. The hot and wet applications should be made thoroughly, two compresses being alternately employed, so that the injured part will not have a chance to get cold. The clothing can be kept from getting damp or wet by oil cloths.

The Antiseptic Management of Vaccination is conducted as follows: A pad of borated absorbent cotton is applied as soon as the vesicle has opened, on the eighth day, before which day, in his experience, septic absorption does not take place. The pad is covered at the back and edges with antiseptic gauze, to be held in place by three half-inch tapes. Instead of the borated cotton there may be used for the purposes of the pad either eucalyptus cotton-wool or Hartmann's perchloride wood-wool, the latter, perhaps, being the best on account of its greater absorbent properties. The mother must be instructed not to remove the pad under six days. Dr. Bark argues from his experience in about a hundred cases, some of which presented a large inflammatory areola, that this plan of treatment allays the tendency to inflammatory infiltration and minimizes the dangers of erysipelas and blood poisoning, those *betes noires* of all vaccinators. The pad not only imbibes all discharge and prevents its becoming septic in character, but serves as a shield against external violence. The pad will not, of course, be allowed to be used a second time like ordinary shields, which it is too often the dangerous practice to use again and again. From Dr. Bark's article it would appear that all the cases treated in the way above described were those of infants undergoing a primary vaccination, and he especially recommends the method for infants in unsanitary neighborhoods who have little care or cleanliness to second the efforts of the official vaccinator to bring about a good result. —*N. Y. Med. Journal.*

CORRESPONDENCE.

Heart-Beat in Pregnancy.

To the MEDICAL ERA:

Why is the pulse of a pregnant woman the same, whether she be sitting, reclining or standing? My theory in regard to this fact is that the fœtal heart acts as a balance. A sudden movement of the woman reacts on the weaker fœtal circulation, increasing the action of the smaller heart, leaving the maternal heart its regular beat. I should like to hear from the readers of the ERA in regard to this. I have never seen it explained. Very truly,

GEO. T. GREENLEAF.

[Since there is no direct connection between the fœtal and the maternal circulations, Dr. Greenleaf's attempted explanation can hardly be accepted. The most probable reason is that it is due to the hypertrophy of the maternal heart which takes place during the period of gestation.—ED.]

WENONA, ILL., Nov. 25, 1890.

To THE MEDICAL ERA:

Can you give your readers the name of any first class life insurance companies that accept the medical examination of an applicant if signed by a homœopathic M. D.?

It is a well recognized fact that but few favors need ever be expected from any source by the homœopathic physician when the granting of such detracts from the prestige or purse of the dominant school, unless such recognition is demanded as a right. The demand will then be granted in this special matter of life insurance when sound business principles make it appear to the managers that *it will pay.*

To make it pay to recognize our school with its 20,000 as well informed physicians as a like number of allopaths, it is necessary that concerted action should be taken.

The Homœopathic medical press, led by the ERA, can quickly interest its army of readers by calling their attention to this matter, and devising the best means to bring about an early recognition of our school by well established life insurance companies. J. B. DUNHAM, M. D.

[The ERA will be glad to do all that it can in the matter referred to by Dr. Dunham. The subject has already been discussed in the American Institute, and in numerous State societies. It is very wide in its bearings; and not nearly so simple as it might seem at first glance. We have no knowledge at present of any life insurance company that is an exception to the rule in this respect. If any of the numerous readers of the ERA can give information on the subject, we invite them to communicate with us, when we will give the matter further attention. ED.]

ANNOUNCEMENTS.

PRELIMINARY CIRCULAR.

INTERNATIONAL CONGRESS OF HOMŒOPATHY.

To Be Held June 16-23, 1891, at Atlantic City, N. J.

The organization and executive management of the Fourth Quinquennial International Homœopathic Congress has been placed in charge of a committee, consisting of the executive committee and eight other members of the American Institute of Homœopathy.

The time appointed for the Congress to meet is June, 1891; and the place selected is Atlantic City, N. J.

In carrying out the duties placed upon them, the committee desire to make such arrangements as will be most acceptable to those who will participate in this Congress, and will best serve the interests of homœopathy, and contribute to the progress of medical science throughout the world. They hope that every physician will give to it his most active efforts and strongest influence; and that our ablest men will contribute their best thoughts, either in written essays or in personal discussion on the topics selected. The time of this session will be necessarily so limited that many important subjects cannot be properly considered; yet the committee desire to select those which will prove to be of greatest service to the profession, and to have them presented by those most competent to the task; to this end they ask suggestions from those interested.

The usual five days' session of the American Institute of Homœopathy will give place to this Congress. The Institute will assemble, however, on the day preceding the Congress for the transaction of necessary business. The plan now proposed is that the Institute shall hold its session on Tuesday, June 16, 1891; the Congress will assemble Wednesday, June 17, and continue one week, namely, Wednesday, Thursday, Friday, Saturday morning (with rest Saturday afternoon and Sunday), Monday and Tuesday; closing on Tuesday, June 23.

ORGANIZATION.

The Congress will accept as MEMBERS all homœopathic physicians in good standing in recognized Homœopathic Medical Societies; and from places where such societies do not exist, physicians with suitable credentials. DELEGATES will be received from any and all Homœopathic Institutions, and will be expected to prepare reports of them. Visitors will be admitted, whether physicians or laymen, who may be interested in the subject of homœopathy.

The OFFICERS of the Congress will include representatives from all the important Homœopathic Medical Societies; and the committee request that the names of the president and recording secretary of such societies be forwarded to them before May 1, 1891.

SUBJECTS FOR CONSIDERATION.

The Congress will secure statistics of the present status of homœopathy and its progress in the last five years, as far as possible from all parts of the world. This will include the number of its practitioners, its institutions, national societies, State societies, local societies and clubs, general hospitals, special hospitals, infirmaries and dispensaries, colleges and medical schools, training schools for nurses, and medical journals. Their scope, organization, government, how to be conducted, methods of support, form of reports, and various matters of importance to each kind of institution will be carefully considered. Essays and discussions will be prepared on the materia medica, homœopathic therapeutics in surgery, and in special forms of disease, such as insanity, diseases of the nervous system, of women, of children, of the chest, throat, eye and ear, alimentary tract, kidneys, etc.

In arranging these many subjects to the best advantage, the committee ask your suggestions and assistance. All communications may be sent to the chairman, T. Y. Kinne, M. D., Paterson, N. J., or to the secretary, Pemberton Dudley, M. D., Cor. Fifteenth and Master Streets, Philadelphia.

By order of the joint committee the chairman and secretary are under instructions to make up and submit to the other members of the committee a list of subjects, and of writers and debaters to be appointed. At as early a day as possible this duty will be performed, and in due time, thereafter, another circular will be issued, embracing a programme for the Congress.

By the Committee,

T. Y. KINNE, M. D., *Chairman.*

Semi-Centennial Anniversary, Reception and Banquet of the Massachusetts Homœopathic Medical Society.

In December, 1840, three physicians assembled in Boston and formed the Homœopathic Fraternity. As its numbers increased and its circle widened, it was called the Massachusetts Homœopathic Fraternity. Later it received the name of the Massachusetts Homœopathic Medical Society, and in 1856 it was incorporated by the Legislature of the State. It will be fifty years this ensuing December since the beginning of the Society, and it seems fitting that its

semi-centennial anniversary should be marked in an appropriate manner. For this purpose the undersigned have been appointed by the Society a special committee of arrangements. When we cousider that within a few years the State has established a homœopathic insane hospital at Westborough, which contains over five hundred patients; that it has in the last year given $120,000 for the enlargement of our Massachusetts Homœopathic Hospital; that a single legacy has this year been given exceeding in amount $150,000, and which will be used for the support of the hospital; that the city has contributed a large site of land on which to erect a Homœopathic Dispensary, and that generous donations have been given therefor; that five hospitals have been established in various cities in the State, in which both homœopathic and allopathic treatment are equally provided; that a medical school has been established in connection with Boston University which has proved very successful, and has added large numbers of well educated physicians to our ranks; we have many causes for gratitude and rejoicing.

The Committee propose, therefore, that on the 23d of December, 1890, the nearest time practicable to the exact anniversary, a banquet should be held at the Hotel Vendome, in Boston, at which shall be invited not only the members of this Society but some of the most distinguished physicians in our ranks, together with such public men as have shown by their acts a warm interest in the progress of Homœopathy, and those friends who have taken prominent parts in founding and sustaining its institutions. Communications should be sent to the Secretary of the Committee, J. Wilkinson Clapp, M. D. 10 Park Square, Boston.

Very respectfully,

James Hedenberg, A. J. French, J. K. Warren, J. Wilkinson Clapp, F. C. Richardson, Herbert C. Clapp, Horace Packard, H. A. Houghton, Walter Wesselhœft, Edward P. Colby, D. B. Whittier, John P. Sutherland, I. T. Talbot, *Committee.*

Southern Homœopathic Medical College.

The new college at Baltimore, announces the following faculty: Dr. Elias C. Price, institutes of medicine; Dr. N. W. Kneass, gynæcology; Dr. C. H. Thomas, clinical medicine and physical diagnosis; Dr. John Hood, hygiene and sanitary science; Dr. Eldridge C. Price, materia medica and therapeutics; Dr. Robert W. Mifflin, pathology and the practice of medicine; Dr. O. Edward Janney, pædology and orthopædic surgery; Dr. Henry F. Garey, ophthalmology and otology; Dr. Henry Chandlee, physiology and neurology; Dr. E. H. Condon, anatomy; Dr. F. C. Drane, obstetrics; Dr. C. Westley Roberts, Washington, D. C., pharmacy; Ex-Judge Henry F. Garey, locturer on medical jurisprudence.

The chairs of principles and practice of surgery and of operative and clinical surgery will be filled at a future meeting of the board. Dr. F. C. Drane was chosen dean of the faculty, and Dr. Henry Chandlee registrar. The college will be conducted according to the principles advocated by the American Institute of Homœopathy, and in common with all other homœopathic colleges in the United States, viz., a preliminary examination and a graded course of three years, will be required.

Legislation in Michigan.

The Medical Era has received from a prominent physician in Michigan a letter from which we make the following extracts:

"I have a circular letter issued by Dr. Geo. Duffield, of Detroit, giving the outline of the work of a committee appointed by the Michigan State Medical Society last June, with reference to the practice of medicine in our State.

"The recommendation of the committee (all old school), that homœopathic physicians be allowed a *pro rata* representative on the board of control, is so manifestly unjust and inimical to our interests as a school of medicine that I trust that the leading men of our practice are alert, and ready to meet the emergency which will undoubtedly arise in the next legislature.

"The circular is carefully *loaded;* not so much for higher medical education, as for the destruction of all physicians outside of old school approval.

"I am ready to co-operate with other physicians in any matter relating to the protection of our system of practice, and have no fear but what a little work will bring about the desired victory. We need a stringent medical law in this State, but when the Legislature gives the control of such matters into the hands of the medical profession, the three schools of medicine should have equal numerical representation upon the board of control, or else there should be separate examining boards for each school.

"Our old school friends (?) have planned the whole matter carefully. They ask for *pro rata* representation, which gives them a majority of three to one. Then they are to accept no diploma from any medical college as entitling its holder to practice in Michigan—not even those of our State University.

"Let there be personal work all along the line. Homœopathic physicians over the State can do effective work.—C. F. B."

BOOK REVIEWS.

The Pharmacology of the Newer Materia Medica. Part VI. George S. Davis, Detroit, Mich.

This part (comprising 151 pages) is devoted to the subject of Cocaine, and in it are collated many facts of great value. The first forty-one pages contain much regarding the pathogenesy of the drug, and are full of interest for the student of materia medica pura. In the last hundred pages there is interesting matter regarding the drug as a local anæsthetic and general anodyne.

A Cyclopœdia of Drug Pathogenesy. Edited by Richard Hughes, M. D., and J. P. Dake, M. D. Part XIII.

We have before now expressed our appreciation of this work. As the pathogenesy of sulphur is entered upon in the present part, we may hope soon to have at our service the cyclopædia complete. In late years there has appeared no other work on so large a scale which equals this as a means toward perfecting our knowledge of materia medica pura.

Epilepsy: Its Pathology and Treatment. By Hobart Amory Hare, M. D., B. S., Clinical Professor of the Diseases of Children in the University of Pennsylvania, etc. Philadelphia and London. F. A. Davis, 1890 ($1.25).

This work is number seven in the "Physicians' and Students' Ready Reference Series," published by the well known house of F. A. Davis. It secured the prize of four thousand francs offered by the Royal Academy of Medicine, Belgium, for an essay on the subject.

Practitioners of medicine will find in it the best digest that there is on the subject of epilepsy, and it will save the student a vast amount of research. In the matter of treatment, little that is new is brought out. As regards the pathology, after discussing all theories that have been advanced, the author concludes by pronouncing epilepsy to be a cortical disease of the cerebrum, brought about in many ways, either directly, or by reflex action, causing irritation of the cells. Altogether, the treatise is very satisfactory.

Physician's All-Requisite Account-Book.—This book, which is published by F. A. Davis, Philadelphia, is the most elaborate thing of the kind issued by any house. It is simple, and yet complete. It will last for years, and contains in small space thousands of accounts. It answers the purpose of several books in one. It justifies its name.

PERSONALS.

Dr. F. C. Drane is Dean of the new Southern Homœopathic Medical College, of Baltimore.

Dr. H. P. Skiles has opened a private Sanitarium for the treatment of mental and nervous diseases, at 963 Monroe street.

Dr. F. F. Casseday, Kansas City, is making a very readable journal of the *Medical Argus*. It is only $1.00 a year, and deserves wide support.

Dr. R. S. Copeland (U. of M. '89) is established in practice at Bay City, Mich. He devotes himself exclusively to the treatment of diseases of the eye, ear and throat.

Dr. W. E. Green, of Little Rock, has favored us with two reprint circulars, one on "Surgical Treatment of Diseases of the Nose," and one on "Tears of the Vagina During Parturition."

Dr. Homer V. Halbert, professor of descriptive and comparative anatomy, Hahnemann Medical College, Chicago, has favored us with a copy of his lecture delivered at the opening of the 31st annual winter session. It is replete with good advice to students, and contains expressions regarding the "law" which speak well for the independence of thought of their author.

Dr. Chas. S. Mack, professor of materia medica in the Homœopathic Department of the University of Michigan, has received from the members of the classes of '91, '92, '93 a graceful tribute of their personal esteem, and of their appreciation of the great value of the instruction received in the subject belonging to his chair. At the close of a recent lecture Prof. Mack was surprised by being presented with a handsome, gold-headed cane bearing a suitable inscription.

OBITUARY.

It is with regret that we find ourselves called upon to announce the death of Dr. Wm. S. Gee, one of Chicago's best-known physicians. Dr. Gee died November 3d, at his home in Hyde Park, of consumption.

Dr. Gee was born in Clinton, Mo., Aug. 6, 1856. He graduated in medicine at the Hahnemann Medical College, Chicago, in 1881, and for five years occupied the position of professor of materia medica in that institution. He had made for himself an enviable place in the profession. He leaves a wide circle of friends who will mourn his loss, while extending their deepest sympathies to his widow and children in their affliction.

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Articles contributed to this journal are accepted on the condition that it shall enjoy the exclusive right to their first publication.

Requests for copies "not received" must be made within 30 days of date of publication.

THE MEDICAL ERA receives *no subscriptions* through pharmacies, "agencies," or other journals. *No exception to this rule will be made.*

"What Is a Homœopathic Physician?"

Every reader of the ERA is invited to send a postal card containing his answer to the above question. Please respond at once. Address the card to THE MEDICAL ERA, *Ann Arbor, Mich.*

A GREAT AMERICAN MAGAZINE.

THE SUCCESS OF "THE CENTURY" AND ITS PLANS FOR 1891.

THE CENTURY MAGAZINE is now so well-known that to tell of its past success seems almost an old story. The N. Y. *Tribune* has said that it and its companion, *St. Nicholas for Young Folks*, issued by the same house, "are read by every one person in thirty of the country's population,"—and large editions of both are sent beyond the seas. It is an interesting fact that a few years ago it was found that seven thousand copies of *The Century* went to Scotland,—quite a respectable edition in itself. The question in England is no longer "Who reads an American book?" but "Who does not see the American magazines?"

The November *Century* begins the volume, and new subscribers should commence with that issue. The subscription price ($4.00) may be remitted directly to the publishers, The Century Co., 33 East 17th St., New York, or single copies may be purchased of any newsdealer. The publishers offer to send a free sample copy—a recent back number—to any one desiring it.

The Chicago, Milwaukee & St. Paul Railway.

A CHOICE LIST OF SUMMER RESORTS.

In the lake regions of Wisconsin, Minnesota, Iowa and the two Dakotas, there are hundreds of charming localities pre-eminently fitted for summer homes. Among the following selected list are names familiar to many of our readers as the perfection of Northern summer resorts. Nearly all of the Wisconsin points of interest are within a short distance from Chicago or Milwaukee, and none of them are so far away from the "busy marts of civilization" that they cannot be reached in a few hours of travel, by frequent trains, over the finest road in the Northwest—the Chicago, Milwaukee & St. Paul Railway:

Waukesha, Wis., where the American Institute of Homœopathy will meet June 16; Oconomowoc, Wis.; Minocqua, Wis.; Palmyra, Wis.; Tomahawk Lakes, Wis.; Lakeside, Wis.; Kilbourn City, Wis.; (Dells of the Wisconsin); Beaver Dam, Wis.; Madison, Wis.; Clear Lake, Iowa; Lake Okoboji, Iowa; Spirit Lake, Iowa; Frontenac, Minn.; Lake Minnetonka, Minn.; Ortonville, Minn.; Prior Lake, Minn.; White Bear Lake, Minn.; Big Stone Lake, Dakota.

For detailed information, please address A. V. H. CARPENTER, General Passenger Agent, Milwaukee, Wis.

WORLD'S DIRECTORY.—Dr. A. A. Mumaw of Detroit, is preparing for publication a directory which is to contain the names of all homœopathic physicians in the world.

THE "ERA" STETHOSCOPE.

"A telescope for looking into people's chests with your ears."—*Oliver Wendell Holmes.*

THE "ERA" STETHOSCOPE.

You may think you know all about Stethoscopes.

But you don't.

The "ERA" Stethoscope possesses all the advantages of the most elaborate and costly instrument, and yet it is a model of simplicity.

It can be easily carried in the coat pocket; it is readily applied to any chest; it can be used under the bedclothes; it gives rise to no adventitious sounds; it enables one to examine his own heart and lungs; it will never require repairs; it cannot break; it does not have to be "taken apart;" it is the most perfect Stethoscope ever invented; it will last forever.

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is a new instrument designed to fill a place heretofore unoccupied, namely to furnish at a moderate price an indestructible Stethoscope that will accomplish everything ascribed to the most costly and elaborate Stethoscope ever made.

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is the BEST instrument ever offered to the Profession. Either for office, or for "visiting" use, it has no equal. Ask for it, and take no other.

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FOR SALE BY ALL PHARMACISTS.

Or sent by mail in a neat box on receipt of price.

ADDRESS **THE MEDICAL ERA.**

THEY SAY

That a dumb-waiter goes without saying.

That Chicago has a total of 1,621 doctors.

That where there's a will there's a lawsuit.

That a sage hen isn't so very wise after all.

That it is better to be right than to be left.

That there are eight medical colleges in Chicago.

That a course of medicine in Thibet lasts ten years.

That people who talk too much don't realize it till the next day.

That many people are generous to a fault if the fault is their own.

That chloroform is dangerous in those who are addicted to whisky.

That there are about 200,000 hay fever subjects in the United States.

That you should not delay in sending us the postal card as requested.

That a horse is worth more after it's broke, but with a man—well, it's different.

That you may sober up a drunken man by giving him a good drink of vinegar.

That acute alcoholism is an unknown disease in those under twenty years of age.

That the only woman who will permit herself to be dictated to is the typewriter girl.

That when a boy begs for a whipping you may know that he wants to be let off easy.

That people go South for the winter when there's plenty of it right here at home.

That the future of preventive medicine is the education of the white blood corpuscle.

That the burglar who was thrown from a third story window said that he felt down-cast.

That the proportion of people over sixty years of age is greater in France than in England.

That fifty per cent of cases of cerebral abscess take their origin from chronic disease of the ear.

That a bird that can sing and won't sing should be made to sing, unless it tries to sing "Lit ———

That prolonged etherization reduces the temperature of the patient from two to three degrees.

That the average weight of a man five feet one inch high is about one hundred and twenty pounds.

That the practice of hypnotism has been made punishable by fine and imprisonment in Belgium.

That an insect has just been discovered in Brazil which has 13,000 eyes; they are going to take one to Chicago to see if it can discover any tracks of Johnstone, the "mind-reader."

That a New York paper has an article entitled "Why cats are thin." They're thick enough in Chicago.

That embolism involving only the extra ganglionic portions of the cerebrum does not produce coma.

That over one-half of the amputations of the lower extremities are between the knee and the ankle.

That idle curiosity is one thing, and thirst for knowledge is another; you should not confound the two.

That people of bilious and sanguine temperament are longer lived than the nervous or lymphatic.

That equanimity of temper is the secret of long life, and you may live to be ninety if you never get angry.

That you are requested to send at once a postal card giving your definition of a "homœopathic physician."

That more doctors went to Europe this summer than ever before; they went on grip-money earned last winter.

That many public men might have an inscription on their tombstones which would read, "Died of Dinners."

That lying with the shoulders low and the hips elevated gives relief in some cases of the vomiting of pregnancy.

That the omission of an "s" made a Western paper call the leading doctor "the most killful physician in town."

That you should make haste to use all "new remedies" while they will cure, for their virtues soon pass away.

That a Cincinnati doctor has been compelled to pay damages to a man into whose leg he injected some of Brown-Sequard's "elixir."

That the promiscuous use of the phonograph may convey contagion by means of the rubber tubes which are applied to the ears.

That a German chemist has analyzed beer and found that it contains karbodendictenkraut, which accounts for some people's passionate fondness for it.

That every time a cow moves her tail to switch a fly she exerts a power of three pounds; hence in the course of the summer—well, you may figure it out yourself.

NB480